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**MEDICAL AND CHIRURGICAL FACULTY
OF THE STATE OF MARYLAND**

1959 TRANSACTIONS, Part II
(Conclusion of TRANSACTIONS)

Maryland

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SEMIANNUAL MEETING—FRIDAY, SEPTEMBER 18, 1959
COMMANDER HOTEL, OCEAN CITY, MARYLAND

VOL. 8 NO. 9

DECEMBER, 1959

**DIPHTHERIA
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Maryland

STATE MEDICAL JOURNAL

Medical and Chirurgical Faculty of the State of Maryland

VOLUME 8

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EDITORIAL

RESPONSIBILITY IN COMMUNICATIONS

The Medical Profession, in general and without regard to any specialty, is faced with many problems. Some of these may be solved easily while others may require considerable time, thought and energy before a satisfactory solution can be reached.

Concurrent with these problems, the Medical Profession, as a whole, has the responsibility to answer questions raised by the public in the entire realm of medicine. This includes not only the areas of hospital care, medical care, nursing care, but the areas of Medical Care Insurance as well.

The following table, taken from a recent publication of the Health Insurance Council, shows at the end of 1958 the extent of public and medical profession involvement:

VOLUNTARY HEALTH INSURANCE BENEFITS PAID

Type of Benefit	Insurance Companies	Type of Insuring Organization		
		Blue Cross-Blue Shield	Independent	Total
		(millions of dollars)		
Hospital expense*	1,186	1,303	100	2,589
Surgical and medical expense*	623	531	140	1,294
Loss of income	782	—	—	782
Total	2,591	1,834	240	4,665

* Including Major Medical Expense.

To the patient the only reliable source of information on these matters is his personal physician. When his physician speaks, he speaks in the manner of an authoritative person. When the Medical Society or one of its components speaks, it speaks in the manner of an authoritative body. Oftentimes an individual physician when asked for comment primarily expresses his own opinion. Unfortunately, this is often construed in the public press as having come from an authoritative spokesman for the medical profession as a whole.

It, therefore, behooves each and every member of the medical profession to observe the following:

1. When he speaks as an individual, he should make it quite clear that he is speaking or writing as an individual member of the medical profession.
2. Before speaking as an individual or writing as an individual, be sure he is fully cognizant of all the facts in the case and check with either his component medical society or the State Faculty to verify the information he has at hand.
3. Check all other sources to ensure that the information available to him is correct—also checking at the same time to see if his idea is not already being explored by his component society or by the Faculty.

If individual members of the medical profession follow these three guides, there will be no question of confusion on the part of the public as a whole. The Medical Profession by adhering to accuracy, truth and common sense will thereby gain in stature.

"Section 10—The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the individual and the community." (from the AMA's Principles of Medical Ethics)

The Executive Committee

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AN INVITATION

The Harford County Medical Society wishes to extend to the members of the Medical and Chirurgical Faculty an invitation to attend a seminar as a memorial to the late James P. Miller, M.D. The meeting will be held at the Bayou Restaurant, Route 40 at the foot of the Susquehanna Bridge, Havre de Grace, Maryland, on Wednesday, *September 23, 1959*. Cocktails and luncheon will be served at no charge. The time is 9:30 A.M. to 4:30 P.M.

Speakers will be Edmund McDonnell, M.D., Orthopedics; Lawrence Serra, M.D., Internal Medicine; McClelland Dixon, M.D., Obstetrics; and Abraham Finklestein, M.D., Pediatrics.

Medical friends and associates of Dr. Miller, as well as members of the Medical and Chirurgical Faculty, are invited. A brief R.S.V.P. to our secretary, Dr. Randall Ross, Havre de Grace, Maryland would be appreciated, but is not essential for attendance. Please come, in respect to one of the great silent contributors to Maryland's medicine and surgery.

The Harford County Medical Society

CALENDAR OF EVENTS

FRIDAY, SEPTEMBER 18

**OCEAN CITY MEETING OF THE MEDICAL AND
CHIRURGICAL FACULTY**

Commander Hotel, Ocean City, Maryland

SATURDAY, SEPTEMBER 19

HEART ASSOCIATION OF MARYLAND

10:00 A.M. to 12 Noon

Beach Lounge, Commander Hotel, Ocean City, Maryland

WEDNESDAY, SEPTEMBER 23

JAMES P. MILLER MEMORIAL SEMINAR

Memorial seminar

9:30 A.M. to 4:30 P.M.

Bayou Restaurant, Havre de Grace, Maryland

FRIDAY, OCTOBER 2

BALTIMORE CITY MEDICAL SOCIETY

8:30 P.M.

1211 Cathedral Street

SATURDAY, OCTOBER 3

B.C.M.S. TV PROGRAM

5:00 P.M. WMAR-TV, Channel 2

"Your Physician and Your Pharmacist"

Dr. Walter Anderson, physician

Dr. Victor Morgenroth, pharmacist

MONDAY, OCTOBER 5

**SECTION OF INTERNAL MEDICINE, B.C.M.S. AND
MARYLAND SOCIETY OF INTERNAL MEDICINE**

8:15 P.M.

1211 Cathedral Street

Symposium on Chronic Pulmonary Disease—

Chronic Bronchitis, Asthma, Emphysema

THURSDAY, OCTOBER 8

MARYLAND PSYCHIATRIC SOCIETY

6:30 P.M. Dinner

8:30 P.M. Scientific Session

Sheppard and Enoch Pratt Hospital, Towson, Md.

SATURDAY, OCTOBER 10

MARYLAND ACADEMY OF GENERAL PRACTICE

SUNDAY, OCTOBER 11

Eleventh Annual Scientific Assembly

Carvel Hall, Annapolis, Maryland

CONCLUSION OF 1959 TRANSACTIONS

Medical and Chirurgical Faculty of the State of Maryland

Semiannual Meeting 1958

and

One Hundred Sixty-first Annual Meeting 1959

SCIENTIFIC AND SPECIAL ADDRESSES

BUSINESS SESSIONS

Semiannual Meeting, September 12, 1958

Beach Lounge, Commander Hotel

Ocean City, Worcester County, Maryland

Annual Meeting, April 15, 16, 17, 1958

The Alcazar

Cathedral and Madison Streets, Baltimore, Maryland

TRANSACTIONS FOR 1959

MARYLAND STATE MEDICAL JOURNAL

Volume 8, No. 8, August 1959, Scientific Paper (J. M. T. Finney Lecture), Presidential Dinner Address by
Milton S. Eisenhower and Membership Directory

Volume 8, No. 9, September 1959, Scientific Paper (I. Ridgeway Trimble Lecture),
Minutes of House of Delegates and Reports

The William Royal Stokes Memorial Lecture,

which was presented by Dr. Horace L. Hodes, will be published in a later issue of the Journal.

LECTURESHIP*

HYPERFUNCTIONING LESIONS OF THE ADRENAL GLANDS

JAMES T. PRIESTLEY, M.D.†

The honor of giving the I. Ridgeway Trimble Lecture is one that I shall long remember. Probably there are a few of us here today who had the privilege of knowing Dr. Trimble. Fortunately, many of us have the privilege of knowing his illustrious son and namesake. It is quite apparent, however, in talking with those who did know him, that he was not only an outstanding surgeon but also the type of man whose character, intellect and spirit exemplified the highest traditions in medicine and served as a stimulating influence on many young men of his day.

After graduation from the University of Maryland School of Medicine in 1884, Dr. Trimble served a residency in the University Hospital. Thereafter, he soon became a surgeon of the Maryland National Guard, a post that he held for many years. Subsequently, as professor of anatomy and surgery in the Woman's Medical College and later in the College of Physicians and Surgeons of Baltimore, he became a leading surgeon and an outstanding teacher. His numerous posts and appointments made for an extremely busy life. He was admired and beloved by all. Unfortunately, he succumbed in 1908 at the age of 47 to septicemia, which resulted from a wound he received during an operation.

Fortunately, the influence of a man like Trimble lives indefinitely. As Dr. W. S. Thayer remarked at a meeting in his memory: "To have known Trimble is to be a better man. He was a living and vital stimulus to us . . . that we may seek to be as strong, as generous, as hospitable, as temperate, as industrious, as honest and as simple as was he." It is men like Trimble who have made the world a better place in which to live, and who not only have upheld the highest traditions of medicine, but have enhanced the heritage of our noble profession.

People who should know have told me that it is not a good idea to start a talk with an apology. However, coming to Baltimore where so much excellent work has been done on the adrenal glands, I naturally feel humble speaking before those who have contributed so much. I must also say that I am not a physiologist or an endocrinologist, but I am happy to have the opportunity to review with you some of the clinical experiences my colleagues and I have had in the management of patients who have lesions of the adrenal glands.

As you are well aware, hypofunction of the adrenal glands has been known, particularly to the internist,

for many years. Actually, I am not going to speak on lesions that cause hypofunction as they do not involve the surgeon so much, except to say that it is essential for anyone who operates on patients with hyperfunctioning adrenal lesions to be aware of the methods of prevention and treatment of hypofunction, as the latter condition may result from adrenal operations.

EMBRYOLOGY OF ADRENALS

A brief review of the dual embryologic background of the adrenals is helpful in considering the clinical syndromes that may result from hyperfunction of these structures. The cortex of the adrenal is of mesodermal origin, arising in close proximity to the primitive sex structures that produce a wide variety of compounds, some of which no doubt have not as yet been recognized. Most of them are steroids. They include androgens and estrogens and the hormones that have to do with metabolism of all the major foodstuffs and retention of sodium and water. So it is easy to see how the clinical picture that may result from hyperfunction of the adrenal cortex may vary widely, depending upon the amount and the type of product that is excreted in excess amounts.

*I. Ridgeway Trimble Fund Lecture. Presented at the One Hundred Sixty-first Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland on April 16, 1959.

J. M. T. Finney Fund Lecture—The Surgical Treatment for Chronic Pancreatitis, delivered by Ralph F. Bowers, M.D.—see August 1959 issue of *Journal*.

William Royal Stokes Memorial Lecture, delivered by Horace L. Hodes, M.D., will be published in a later issue of the *Journal*.

†Professor of Surgery, Mayo Foundation, Graduate School of the University of Minnesota; Member of Surgical Staff of the Mayo Clinic; Rochester, Minnesota.

The medulla, on the other hand, arises from the mesoderm near the neural crest, the site of origin of the sympathetic ganglion cells. It produces at least two main products of physiologic significance, namely norepinephrine and epinephrine.

CLASSIFICATION AND INCIDENCE OF ADRENOCORTICAL TUMORS

Adrenocortical tumors may be classified from the viewpoint of their clinical manifestations as follows (Kenyon):

1. Cushing's syndrome
2. Adrenogenital syndrome
3. Mixed picture of 1 and 2
4. Single endocrine manifestation
5. Feminization
6. Primary hyperaldosteronism
7. No endocrine manifestation.

The only addition to Kenyon's original classification is hyperaldosteronism, which had not been described at the time he presented his classification. Cushing's syndrome is the most common result of hyperfunction of the adrenal cortex that we see, and I shall speak more of that in a moment. The adrenogenital syndrome, I noticed from the program, was covered this morning, and I shall not discuss it at all because of that fact. At times we see patients who present a mixed clinical picture of Cushing's syndrome and adrenogenital syndrome, or occasionally a patient who has a single endocrine manifestation in association with a cortical adrenal tumor.

An example of the latter was a patient I saw several years ago who had a big mass in the right upper part of the abdomen. The nature of the tumor was not determined accurately before operation, but upon exploration and removal it was found to be a cortical adrenal tumor. The patient had diabetes, the only endocrine abnormality detected preoperatively, but after operation the diabetes disappeared. This is not a common type of occurrence, of course. Likewise, feminization of men due to excess estrogens from cortical adrenal tumors is not a common condition; only 14 such cases have been reported in the literature as of several years ago.

More recently, of course, Conn has described hyperaldosteronism, which I shall comment on briefly in a moment. Then we do see adrenocortical tumors that have no endocrine manifestation or no evidence of function at all.

Several years ago, in a review of the cases of adrenal tumor encountered over a ten-year period,

my colleagues and I found that 23 of 39 patients presented the clinical picture of Cushing's syndrome. Seventeen of these 23 patients had a benign tumor. All the other types of adrenal tumor are more apt to be malignant than benign. The next most common type of tumor from the point of view of clinical manifestation was the nonfunctioning tumor, and then came tumors causing adrenogenital syndrome, single endocrine manifestation, and feminizing syndrome in order of decreasing frequency.

HYPERALDOSTERONISM

Hyperaldosteronism was first described in 1955 by Jerome Conn. I have had the big experience of seeing one patient with this condition, so you know what an expert that makes me! But Conn and others indicate that the main clinical features usually encountered are hypertension, muscular weakness, paresthesias, tetany, polydipsia and polyuria. Hypertension is a prominent symptom as a rule; many of these people in the past have been treated for hypertension, and I am sure that even today some are treated for hypertension. Muscular weakness progressing at times to paralysis, periodic in type, is seen sometimes. Paresthesias, tetany, polydipsia and polyuria are also noted in many of these patients.

If the clinical diagnosis is suspected on the basis of the history and physical findings, certain laboratory tests are quite helpful in establishing the diagnosis. The potassium content of the blood is low, as a rule, the sodium content is high, and there is usually an alkalosis. The excretion of aldosterone in the urine is increased, and the specific gravity of the urine is low and the urine often is alkaline.

CUSHING'S SYNDROME

Harvey Cushing in an article published in 1932 described a "polyglandular syndrome" which subsequently has borne his name. He originally directed attention toward the pituitary as the primary source of this disorder, although even in his earliest writings he recognized that the adrenal might play a dominant role. While it cannot be said with certainty where the primary etiologic factor lies in Cushing's syndrome, it is well established that the clinical manifestations of this syndrome arise through hyperfunction of the adrenal cortex, so that treatment of the condition is directed toward the adrenals.

Clinical Features.—Characteristically, patients with Cushing's syndrome present certain physical fea-

tures that lead one to suspect its presence. They have an obesity of the face, which has given rise to the term "moon face," and this obesity extends to the neck and the trunk. Also, they frequently have a desposition of fat in the cervicodorsal region, which has been called a "buffalo hump," and the extremities may appear wasted. Changes in the skin are prominent as a rule, particularly since most of these patients are women, in whom the changes are more evident than in men. Hirsutism, usually in the male distribution of the beard but also in the axilla or in the pubic area, is frequently prominent. Acne in the same areas and also over the anterior and posterior parts of the thorax is often found. Cutaneous striae which are rather wide and purplish are seen over the abdomen, and sometimes over the thighs and around the axillary areas also. Ecchymotic areas are almost always present in the lower half of the leg below the knees, and these patients notice also that they bruise easily in other parts of the body as well. Almost all of them have a florid complexion.

Hypertension occurs in at least four-fifths of these patients and may result in some of the most serious changes that occur owing to alterations in the cardiovascular system; actually the secondary

effects of the hypertension may be the cause of death in some patients.

Osteoporosis is present to a greater or lesser degree, depending upon the duration and the severity of the disease. Amenorrhea in perhaps half the women and impotence in somewhat less than half the men also occur. Cushing's syndrome not uncommonly develops initially in association with pregnancy. Perhaps one out of five patients has some psychic changes, oftentimes very mild in nature and consisting possibly of a little irritability or confusion, although sometimes the changes are much more pronounced. Muscular weakness invariably supervenes as the disease progresses, and patients have to give up their usual occupation as a rule. Spontaneous fractures occur in proportion to the amount of osteoporosis and are commonly seen in the vertebrae and the ribs.

From a laboratory viewpoint the 17-ketosteroids in the urine may be normal or increased. The urinary corticosteroids usually are increased. The usual decrease in plasma steroids which occurs in the afternoon does not occur in these patients. Lymphopenia is common; hyperglycemia not so common. Usually there is no disturbance of the electrolytes, but if



FIG. 1. Cushing's syndrome caused by hyperplasia of adrenals. *a.* Prior to operation. *b.* Four years after total right and subtotal left adrenalectomy.

there is it consists of so-called hypokalemic, hypochloremic alkalosis.

In the experience of my associates and myself, Cushing's syndrome is caused by hyperplasia rather than by tumor in about 80 per cent of the patients. Also, about 80 per cent of the patients are women.

A typical patient with Cushing's syndrome caused by adrenal hyperplasia is shown in Figure 1. Her rounded facial appearance is characteristic. Many of these people get such a round face that one cannot see their ears when standing right in front of them, and oftentimes they also have puffiness around the eyes and puckering up of the mouth, which has been termed "fish mouth."

Treatment.—It is generally agreed today that the treatment of choice for Cushing's syndrome is surgical. Usually one does not know prior to operation whether hyperplasia or tumor is responsible for the condition. Fortunately, one can determine this point without too much difficulty at the time of operation. If a functioning cortical adenoma in one adrenal is causing Cushing's syndrome, the opposite gland is always atrophic, being paler, thinner and smaller than normal. If the condition is caused by hyperplasia or hyperfunction, the adrenal glands are similar in size. They are usually enlarged, but not always. Therefore, at the time of operation, if a tumor is found in the first adrenal gland exposed it is taken out and nothing else need be done. If the first gland exposed appears atrophic, a biopsy specimen is taken from it and then the opposite adrenal is exposed with the expectation of finding a tumor, which is removed.

On the other hand, if the first gland exposed is enlarged, as indicated not only by an increase in size but by a little deeper color, irregularity of its surface, more vascularity, and greater thickness of the gland, then about 90 per cent of this adrenal is removed, with provision for an adequate blood supply to the remnant, and all of the opposite adrenal is removed.

It has been suggested by some that bilateral total adrenalectomy should be performed when hyperplastic adrenal glands are found as the cause for Cushing's syndrome. However, this seems to be an unnecessarily radical procedure when all factors are considered, and personally I would not recommend it.

The preoperative preparation of patients who are to undergo surgical removal of adrenal tissue is important because there may be at least a temporary period of adrenal insufficiency postoperatively. We still use a plan of preoperative preparation which



FIG. 2. Surgical specimen of subtotally resected hyperplastic adrenal gland removed in treatment of patient with Cushing's syndrome.

my colleague, Dr. Randall Sprague, and his associates recommended some years ago, namely the administration of 200 mg. of cortisone acetate intramuscularly 48 hours before operation, 24 hours before operation and again the day of operation. Cortisone is given also in the postoperative period, the duration of treatment and the amount depending upon what was found at operation, what was done, and the patient's progress. Some of these patients, of course, have a delayed postoperative reaction, which can be treated satisfactorily with cortisone.

A variety of surgical approaches have been suggested for operation on the adrenal glands. Patients with Cushing's syndrome are usually fat. I have tried the anterior approach as suggested by some, but it is difficult and not satisfactory in my opinion. Some advise going through the thorax. I have found an approach just underneath the last rib satisfactory. That rib can be resected if more exposure is needed. I operate on one side; turn the patient and operate on the other side at the same operation.



FIG. 3. Atrophic adrenal associated with functioning cortical adenoma in presence of Cushing's syndrome.



FIG. 4. Adenoma in a hyperplastic adrenal gland of a patient with Cushing's syndrome.

Figure 2 shows a specimen of hypertrophic or hyperplastic adrenal gland subtotally removed. The dotted line indicates how much of the gland was thought to be left. Figure 3 illustrates atrophy of adrenal tissue that is associated with a functioning cortical adenoma causing Cushing's syndrome. The little tail of tissue at the bottom of the adenoma is the atrophic remnant of uninvolved adrenal gland. Figure 4 illustrates a case of adenoma in an adrenal that is not atrophic. It is important for the surgeon to recognize this situation, because such a gland is hyperplastic and requires that the patient be treated just as though the adenoma were not present and the condition were caused by hyperplasia alone in the absence of an associated adenoma.

The introduction of cortisone has had a pronounced effect in operations on patients with Cushing's syndrome. The mortality rate for operation on patients with Cushing's syndrome before the advent of cortisone was about 23 per cent, as compared with four per cent after its advent. I think that the rate of four per cent can be lowered still more.

CLASSIFICATION OF TUMORS OF THE ADRENAL MEDULLA

Three general types of tumor come from the medulla of the adrenal gland: (1) neuroblastoma, which is a highly malignant tumor seen in children; (2) ganglioneuroma, a less malignant tumor seen in adults; and (3) pheochromocytoma, which can occur wherever there is chromaffin tissue, and may be functioning or nonfunctioning. I shall speak primarily of the functioning type.

PHEOCHROMOCYTOMA

A functioning pheochromocytoma produces a state of hypertension which may be persistent or periodic depending on whether there is a constant or inter-

mittent secretion of excess pressor products from the medulla. The patient who has the paroxysmal type of hypertension caused by a pheochromocytoma usually has periodic increases of blood pressure to at least 200 mm. of mercury systolic and 100 mm. diastolic. He experiences attacks characterized by vasomotor symptoms, such as headache, dizziness, anxiety, flushing, pallor, dyspnea, palpitation, pain in the abdomen or thorax and tremor. These attacks usually last 10 or 15 minutes, although they may last for a day or longer. They may occur only once in several months or several times in one day. Usually their character remains rather constant during the progress of the disease, but their frequency may increase. There is often some elevation of the basal metabolic rate, and there may be some hyperglycemia also.

The patient who has the persistent type of hypertension resulting from pheochromocytoma may present a picture that is virtually identical clinically, at least on initial examination, with that of essential hypertension. He may also experience paroxysms of increased hypertension. Such patients present a difficult diagnostic problem. For the most part, they are somewhat younger than patients with essential hypertension. They almost invariably have some secondary vascular changes, depending upon the duration of the process. Most of them have hypermetabolism and some evidence of diabetes, so that one should suspect the possibility of pheochromocytoma in any young patient with hypertension that is associated with hypermetabolism without concomitant evidence of hyperthyroidism, or that is associated with diabetes.

Certain tests are helpful in the clinical recognition of pheochromocytoma. It was Goldenberg and his associates, as I recall, who did much of the early work on urinary catecholamines. They developed a relatively simple screening test for these products in the urine. If such a test gives positive results, more careful quantitative studies can then be performed.

Also, studies of the pressor amines in the blood are of diagnostic help if the patient has persistent hypertension due to pheochromocytoma or if the studies are made on a blood sample that is taken during either an induced or a spontaneous episode of paroxysmal hypertension. Manger and others have worked on such tests.

Certain pharmacologic tests have been used often by my associates, Dr. Grace Roth and Dr. Walter Kvale, who have been particularly interested in this

field. Two of these tests are the histamine test and the phentolamine (Regitine®) test. The histamine test is used on the patient who has paroxysmal episodes of hypertension, but otherwise a normal blood pressure, caused by pheochromocytoma. After an appropriate dose of histamine base given intravenously, a rise in blood pressure that is significantly greater than the rise associated with the cold pressor test occurs if the reaction is positive. The phentolamine test is given to those patients who have persistent hypertension, at least 180/100. An appropriate dose of phentolamine given intravenously causes a precipitous decrease in blood pressure if a pheochromocytoma is present. Neither of these tests is completely reliable. False positive and false negative reactions may occur under certain conditions. It is important that the patient not be under the influence of any medication when the test is made.

Pheochromocytoma usually occurs as a unilateral, single, benign tumor in one adrenal gland, but there are exceptions in all these regards, particularly in patients who have persistent hypertension. Thus, multiple tumors may occur on one side, they may occur bilaterally, or one may occur ectopically wherever chromaffin tissue is found. Most of the patients with pheochromocytoma are thin, so an anterior approach is quite feasible. This approach gives an opportunity to explore the entire abdomen as well as just the adrenal regions. This is important because of the possibility of a pheochromocytoma occurring in an ectopic location. The right adrenal gland is exposed by first incising the posterior peritoneum in the region of the upper pole of the kidney. The kidney is then retracted downward, the liver upward, and the second portion of the duodenum and the head of the pancreas are retracted medially. The left adrenal is exposed by mobilizing the spleen and the tail of the pancreas. When these structures are elevated from the left upper quadrant the adrenal gland is clearly exposed.

Patients undergoing operation for pheochromocytoma must be watched carefully during the surgical procedure, particularly if hypertension was persistent preoperatively. Characteristically they have a sharp rise in blood pressure during the induction of anesthesia. Although this does not always occur, such a rise is so characteristic of pheochromocytoma that if it is observed during induction of anesthesia in a patient who has not even been suspected of having a pheochromocytoma, I think the anesthesia should be discontinued and the

operation postponed until this possibility has been investigated, as there have been some deaths on the operating table from unrecognized pheochromocytoma. Before starting the operation a needle is placed in a vein and some dextrose solution is administered slowly. A syringe containing 5 mg. of phentolamine, and a pressor agent such as levarterenol (Levophed®), should be prepared and immediately available, because when the tumor is palpated the blood pressure characteristically rises. It may reach 250 or 300 mm. of mercury or more and circulatory collapse may ensue if phentolamine is not given. Therefore, the tumor should not be palpated any more than necessary and its blood supply should be clamped off as soon as possible. Characteristically, after the tumor has been removed the blood pressure falls, and usually at this time a pressor agent such as levarterenol must be given to support the blood pressure. In fact, if the blood pressure does not fall significantly after removal of a tumor the existence of a second tumor should always be suspected. It may be necessary to continue use of such a drug in decreasing amounts for 24 or 48 hours postoperatively, particularly if there was persistent hypertension preoperatively.

RESULTS OF TREATMENT OF ADRENAL TUMORS

Cushing's Syndrome.—Patients with Cushing's syndrome due to a benign adenoma may expect a complete and lasting remission of the syndrome following surgical removal of the adenoma. If a malignant tumor is removed the result is about the same as it is with most other malignant tumors. If the syndrome is due to adrenal hyperplasia the operative procedure I mentioned gives a complete remission, but there may be recurrence. No one can say for sure what the ultimate recurrence rate will be. In our experience it has been about ten per cent. It is increasing slowly as more patients are followed for longer periods of time and may reach 20 per cent. One can remove the hyperplastic remnant of adrenal tissue if the syndrome recurs.

Pheochromocytoma.—In pheochromocytoma surgical treatment should give complete relief if the hypertension has been paroxysmal and the tumor is benign. If the hypertension has been persistent, complete relief or at least a favorable result, depending upon the degree of secondary changes in the cardiovascular system, can also be expected when the tumor is benign.

Following removal of a malignant pheochromocytoma, recurrence takes place in a high proportion of patients, but this may require some years and recurrent malignant tumors have at times been successfully removed.

In the last several decades much has been learned about the adrenal glands. A great deal more remains

to be learned, and I am sure that the excellent work going on in this city will contribute significantly to knowledge of the adrenals, so that in the future we shall be able to obtain better results for these patients than we do at the present time.

Mayo Clinic
Rochester, Minnesota

ELEVENTH ANNUAL SCIENTIFIC ASSEMBLY, THE MARYLAND ACADEMY OF GENERAL PRACTICE

CARVEL HALL, ANNAPOLIS, MARYLAND

OCTOBER 10-11, 1959

Members of the Maryland Academy of General Practice will be gathering in Annapolis October 10 and 11 for the Annual Assembly. Attendance at this meeting offers three worthwhile inducements to the practicing physician. First, he can enjoy a long week-end in pleasant surroundings away from the demands of his practice. Second, he can benefit by discussion with his colleagues of common problems. This is good psychotherapy for both parties. Finally, each member gains seven hours credit toward fulfillment of his post graduate study requirements.

The program offers diversified topics of practical importance to the man in active practice. The opening talk is by a member of the legal staff of the AMA; Mr. William J. McAuliffe who will discuss a problem of increasing importance, "Professional Liability Claims." Following, Dr. Frank A. Finnerty, of Georgetown Hospital in Washington, D. C. will tell how "Toxemia," once a dreaded complication of pregnancy has been controlled. On Saturday afternoon Dr. John H. Talbott, who has recently been named Editor of the AMA Journal will summarize his long experience with the management of gouty arthritis. Dr. Jacob Conn of Baltimore will discuss and give a clinical demonstration of "Hypnosis," and the afternoon program on Saturday will be completed by Dr. Lester Coleman of New York who has a very timely message for practitioners on the subject of "Fear." Dr. Coleman notes that for many patients, fear is far more destructive and devitalizing than disease itself.

The Sunday program opens with an important subject often neglected at Medical Meetings. Dr. Barton Childs of Johns Hopkins Hospital will discuss "The Place of Genetics in General Practice." Dr. Parker Beamer, Professor of Pathology of Indiana School of Medicine, in a discussion of "The Clinical Laboratory and New Horizons of Medical Practice" will emphasize that every laboratory study should be performed for a *certain patient*, and should be thoughtfully and intelligently interpreted on an individual basis.

In the afternoon, Dr. George Devereux of Philadelphia brings to our attention an important social change that is taking place in our country. His topic is "Is the Family Unit Obsolete?" The program will close with a clinical demonstration by Dr. Harold Bohlman and Dr. William Thomas of the staff of Anne Arundel General Hospital on the subject of the much maligned "Whiplash Injury."

A delightful program has been planned for the ladies including a fashion show, tour of Historic Annapolis, Tea at the Governor's Mansion and a tour of the Naval Academy.

Special Article

THE OLD AGE, SURVIVORS AND DISABILITY INSURANCE PROGRAM

MAURICE D. DEWBERRY*

I shall direct most of my remarks this morning to the disability provisions of the OASI program; however, I should like to briefly explain the provisions for retirement and survivors benefits.

Federal Old-Age, Survivors and Disability Insurance is in effect throughout the continental United States, Alaska, Hawaii, Puerto Rico, the Virgin Islands, and anyplace else in the world where United States citizens work for an American employer or for a subsidiary of an American corporation. It assures most families that they will have some income when the breadwinner dies, becomes old and retires, or is over 50 and severely disabled.

The Social Security Administration of the Department of Health, Education, and Welfare is responsible for carrying out this program. The contributions of workers, employers, and self-employed persons support the system. These contributions are deposited in the Old-Age and Survivors Insurance trust fund and in the Disability Insurance trust fund. Amounts not needed for current operations are invested at interest, as required by law, in United States Government securities.

WHO RECEIVES OLD-AGE AND SURVIVORS PAYMENTS

Benefits are paid not only to a retired worker, but to his dependents—to his wife when she reaches age 62 (or a dependent husband at age 65), to their children under age 18, and after age 18 if the child has a disability which began before that age and is so severe he is unable to do any gainful work. Benefits are also paid to a wife at any age when she has a child beneficiary in her care.

When the worker dies survivors benefits are paid

Presented at the One Hundred Sixty-first Annual Meeting of the Medical and Chirurgical Faculty of the State of Maryland, April 16, 1959, in accordance with recommendation adopted by the House of Delegates on April 18, 1958.

*Regional Representative, Bureau of Old-Age and Survivors Insurance, Social Security Administration.

to children under age 18, to severely disabled children after age 18 if their disability began before that age, and to their mothers as long as they have such children in their care. Aged widows of insured workers are eligible to receive benefits at age 62. Benefits may also be paid to aged dependent parents and to widowers at age 65, if the husband was dependent on his insured wife at the time of her death.

WHO RECEIVES DISABILITY PAYMENTS

Benefits are paid when a worker between the ages of 50 and 65 has an extended disability which is so severe as to incapacitate him for any substantial gainful activity.

OASI CONCEPT OF DISABILITY

Protection for the disabled is limited to those who have worked for five of the ten years just prior to the onset of the disability and who meet a rather rigorous statutory definition: "*Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration.*"

There are four factors in the definition. First, the disability must be the kind of physical or mental condition which can be objectively determined by medical examinations or tests. The extent of damage or deterioration in physical or mental functions is of great importance.

Second, the disability must be the primary cause of the individual's inability to work.

Third, the inability to work refers to *any* substantial work, not merely the kind of work the applicant last engaged in or the kind for which he is most obviously suited. Thus, an individual who has been advised to give up his particular kind of work in order to make his medical treatment more effective, or who finds he is no longer able to meet the

physical or mental demands of a particular job, may not necessarily be eligible under the OASI definition. This approach to disability is considered by many to be quite demanding.

Fourth, the disability must result from a condition which has persisted, despite therapy, for at least six months, and which can reasonably be expected to continue for an indefinite time. The phrase "of long-continued and indefinite duration" applies to the *medical condition*; hence, it is not inconsistent with efforts toward rehabilitation.

At least six months must elapse between the onset of disability and the first month of disability payments. This waiting period is intended in part to avoid interprogram problems of benefit relationships during a period when employer sick-leave plans, voluntary insurance and temporary disability insurance benefits are payable. Also, by the end of six months most temporary ailments or acute conditions are either cured or they are stabilized to the point where the severity and expected duration of the condition can be more readily assessed.

HOW A DISABILITY CLAIM IS PROCESSED

Applications under the Social Security disability provisions are taken by six Social Security district offices in this state. The disabled person must furnish *at his own expense* sufficient medical evidence to show that he is apparently disabled within the meaning of the Social Security law. To assist him, the Social Security District Office supplies each claimant with copies of a medical report form to be filled out by his attending physician, and may request similar reports from a hospital or institution where he has received treatment for his disabling condition.

After the medical evidence has been received, the claimant's case is transferred to the Maryland State Vocational Rehabilitation Agency, which is under contract with the Department of Health, Education and Welfare to make disability determinations for residents of Maryland.

The evaluation of disability is made by a review team in the state agency. There are at least two professional people on each team. One of the two members is a Doctor of Medicine, and he is often a physician in private practice who serves with the state agency on a parttime basis.

Where the medical evidence initially submitted indicates a reasonable likelihood that the applicant

is disabled, but more precise clinical or laboratory findings are needed to arrive at a sound decision, or to resolve conflicts in the evidence, the state agency may arrange and pay for a consultative examination to obtain the additional information. In about one out of every five cases a consultative examination is necessary to arrive at the decision. Ninety-eight per cent of these are obtained from specialists.

State determinations are reviewed by the Division of Disability Operations, Bureau of Old-Age and Survivors Insurance, here in Baltimore. The law, however, gives a claimant who is dissatisfied with the decision in his case the right of administrative and court appeal.

MEDICAL RELATIONSHIPS

I know there is a keen awareness among you that medical relationships are an essential factor to the effective operation of a disability program. We have worked diligently to assure that policies and procedures are sound, not only from the social and administrative point of view, but also from the medical standpoint.

This concern led to the early appointment by the Social Security Administration of a Medical Advisory Committee, drawn from medical and allied professions outside the government. The experience and judgment of this committee have been of inestimable help in the development and refinement of policies that may have connotations for the medical profession, and in the explanation of our methods and objectives to the profession.

One area in which we were greatly assisted by this committee was the development and issuance of evaluation guides for the use of technical and professional personnel on our staff and in the cooperating state agencies. The guides indicate areas in which clear-cut allowances may be made with a minimum development of related factors. For every determination all the pertinent circumstances, both medical and nonmedical, are taken into account.

As a rule one would expect the kinds of medical facts that the attending physician needs in making his diagnosis and in treating his patient to be the same as those required to evaluate the severity of impairments in disability programs. However, key clinical information which is highly significant in disability evaluation is not always presented. We are engaged in a broad program to inform attending

physicians that to evaluate the effect of an impairment on the individual's ability to work requires medical evidence that confirms diagnosis and measures remaining functional capacities of mind and body. By furnishing complete and factual clinical evidence, the reporting physician will make it unnecessary for the reviewing physician to write back for additional clinical or laboratory data.

Some patients, as well as some doctors, misconstrue the role of the practicing physician in the disability determination. Although his opinion is highly regarded, the attending doctor is not asked to certify that his patient is under a disability. Some doctors, however, append to their reports conclusions (e.g., "My patient is permanently and totally disabled. I have advised him not to work.") If the patient is later denied benefits, the doctor often feels his medical judgment has been impugned. It goes without saying that, unless supported by clinical and laboratory findings, a doctor's conclu-

sions are not a sufficient basis on which we can make a determination within the meaning of our law. Again, we are trying through our informational campaigns to get this point across to physicians and the public. We recognize that in the management of a condition the doctor faces different problems than we do in the evaluation of total disability. The doctor must sometimes advise his patient to stop working—temporarily or indefinitely—in the light of what he knows about the patient's occupation and its effect on his health. In doing this he may not always consider the possibility that the patient can do some substantial work of a type different from his customary employment. Or he may feel that realistically, the individual's circumstances do not warrant such advice. The considerations that govern the decision as to whether an individual shall stop working for reasons of health are not always four-square with considerations that determine whether he shall receive a monthly Social Security benefit in



more
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convenience,
better
regulation
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effective



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the only "full-range" oral hypoglycemic agent

lieu of work. Attending physicians should guard against being personally involved in the effort to rationalize or conform these two sets of considerations.

VOCATIONAL REHABILITATION

While OASI has as its central function the payment of benefits, income maintenance must be matched by positive efforts to help the disabled to again become contributing members of the community. An important feature of the law is the requirement that all applicants be referred for State Vocational Rehabilitation services. Accordingly, every disability applicant is told about the possibility of vocational rehabilitation. All medical and other information in the claims file of any disability applicant may be used by the State Rehabilitation Agency in considering him for services and placement.

Despite the many steps taken by the states and

the federal government in recent years to expand and greatly increase the effectiveness of state VR programs, facilities are still quite limited in some areas. Unfortunately, the influx of over one million OASI disability claims over a period of a few years did not permit many rehabilitation agencies to screen and give the careful consideration to each individual case that might have been done under more normal conditions.

THE COMMUNITY AS THE SPEARHEAD FOR ACTION

New challenges must be met by new approaches if we want effective solutions. The increasing age of the work force and the prevalence of chronic illness and degenerative conditions implicit in that aging, require constructive provision at the local community level. Workers who are no longer able to perform their customary jobs or other laborious tasks are nonetheless enabled by dramatic advances in medicine to live on for many years within their

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FOR MORE DEPENDABLE RESPONSE, start your patients on DBI—entirely different from the sulfonylureas in chemical structure, mode of action and spectrum of activity...usually effective in low dosage range (50 to 150 mg. per day).

3 out of every 4 stable adult diabetics are satisfactorily and comfortably regulated with DBI.

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no clinical toxicity in over 3000 patients studied closely for varying periods up to nearly three years.

On a "start-low-go-slow" dosage pattern, DBI is relatively well tolerated. Gastrointestinal reactions occur most frequently in dosages exceeding the practical maximum 150 mg. daily, but abate promptly upon reduction of dosage or withdrawal of DBI.

The physician prescribing DBI should be thoroughly familiar with its indications, dosage, possible side effects, precautions and contraindications, etc.

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limitations. Some still have a lot to contribute if they are given opportunities for productive work on a parttime basis or under sheltered or other special conditions.

The fact that the vast majority of persons denied OASI disability benefits are not accepted for VR services suggests also that perhaps new kinds of restorative services are needed in order to meet the problem. Those for whom remunerative work is not feasible may nonetheless profit from social or medical services that would make them better able to take care of themselves and less of a burden on their families and their communities. Indeed, this is true not only of the disabled person under age 65 but also of our aged beneficiaries.

If government, social service institutions, and industrial enterprise each see the handicapped worker from a different angle of vision, and each rejects the individual for benefits, services and work, we have, in effect, a no man's land populated by forgotten people. The community has the responsibility to see that these people utilize whatever capacity they have left—if not competitively, then in some noncompetitive, but significant manner. When restoration to employment is impracticable, community health facilities and social services may be able to offer new ways of alleviating dependency and of making life more satisfying for these people.

We must recognize that it may also require adjustment in the provisions of the public programs. We need, for example, to see in the OASI disability program whether the law needs to be changed so as to provide a better incentive for the individual to try out his capacities without fearing the loss of his Social Security benefits.

OASI, in cooperation with medical schools and rehabilitation centers, is planning research studies. For example, one study now under way hopefully will provide simpler and more precise techniques for testing cardiopulmonary function, which have significance for testing remaining capacity for work. If studies of this type help to develop new techniques or refine present techniques of disability evaluation, they should also have important implications for rehabilitation and health agencies.

The administration of the disability program will

provide a wealth of clinically verified data previously unavailable to health professions. OASI operations may also affect the maintenance of medical records. From now on a small but steady flow of patients will be asking their attending doctors to supply comprehensive and objective medical data concerning their conditions. The doctor with completely adequate clinical records will, of course, be in an excellent position to serve his patients' needs. The volume of write-backs for additional medical information will undoubtedly serve as a constant reminder of the importance of adequate clinical records.

Public attitudes about disability have not kept pace with the giant strides of modern medical science. In the public mind, as in many programs, thinking about disability is not always governed by medical determinability; instead, economic and occupational factors, such as the handicapped person's inability to do his customary job, are often the decisive considerations.

In contrast, medical determinability is the key-stone of the OASI disability program. Thus, under this program, handicapped persons who, in a clinical setting may be said to have *enough physiological or functional reserve to perform work*, must be denied disability benefits.

An impasse arises, however, when the denied applicant moves from the clinic to the market place—to try to sell his remaining capacity for work! Prospective employers all too often reject him as unemployable; he has, they say, *too little capacity for work left* to regain his place in the industrial community.

How can we help the handicapped citizen who is denied disability benefits to escape his predicament? A twofold approach seems essential: (1) Expand medical and other resources, or marshal present resources in such a way that disabled citizens may receive more effectively the advantages of modern medicine and related services. (2) Stimulate employers, labor, and community agencies to explore new avenues of productive activity for persons with limited work capacity.

*Bureau of Old-Age and Survivors Insurance
Charlottesville, Virginia*

Business Sessions

SEMIANNUAL MEETING

Friday, September 12, 1958

House of Delegates

BEACH LOUNGE, COMMANDER HOTEL

OCEAN CITY, WORCESTER COUNTY, MARYLAND

MINUTES OF THE 227th MEETING*

Friday, September 12, 1958

The 227th meeting of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland was held in the Beach Lounge, Commander Hotel, Ocean City, Maryland. The meeting was called to order by the President, Dr. J. Sheldon Eastland, at 9:30 a.m. on Friday, September 12, 1958.

The following delegates registered: Walter A. Anderson, Baltimore City; John G. Ball, Montgomery County; Philip J. Bean, St. Mary's County; Robert Bier, Montgomery County; J. W. Bird, Montgomery County; C. Holmes Boyd, Baltimore City; M. McKendree Boyer, Council; Leo Brady, Council; Ernest C. Brown, Jr., Baltimore City; Howard M. Bubert, Council; R. vL. Campbell, Council; Osborne D. Christensen, Wicomico County; Ernest I. Cornbrooks, Jr., Baltimore City; G. C. Coulbourn, Somerset County; L. E. Daugherty, Council; Merrill M. Cross, Montgomery County; William H. Hanks, Dorchester County; Philip D. Flynn, Baltimore City; Theodore Kardash, Baltimore City; R. C. Dodson, Cecil County; J. Sheldon Eastland, President; C. Reid Edwards, Council; W. L. Etienne, Prince George's County; John S. Haught, Prince George's County; Robert W. Farr, Kent County; W. B. Firor, Council; R. S. Fisher, Council; Wetherbee Fort, Treasurer; Albert E. Goldstein, Council; William E. Grose, Baltimore City; Everett S. Diggs, Secretary; E. W. Ditto, Jr., Council; E. W. Ditto, III, Washington County; Melvin B. Davis, Baltimore County; William B. Hagan, Prince George's County; J. C. Handelsman, Baltimore City; Thurston Harrison, Talbot County; Arthur G. Siwinski, Baltimore City; Ralph G. Hills, Council; Nathan B. Hyman, Baltimore City; R. Donald Jandorf, Baltimore City; Walter L. Kilby, Baltimore City; H. F. Kinnamon, Council; George A. Knipp, Baltimore City; Robert C. LaMar, Worcester County; C. Rodney Layton, Queen Anne's County; William D. Lynn, Baltimore City; John G. Lyons, Anne Arundel County; Howard B. Mays, Baltimore City; K. F.

Mech, Council; James N. McCosh, Baltimore City; Donald W. Mintzer, Baltimore City; Hilda Jane Walters, Allegany-Garrett County; Frank K. Morris, Board of Med. Exam.; Samuel Morrison, Baltimore City; W. B. Moyers, Council; C. F. O'Donnell, Council; Moses Paulson, Baltimore City; Wm. F. Pearce, Baltimore City; M. D. Phillips, Harford County; Wm. Pillsbury, Jr., Baltimore County; John O. Robben, Montgomery County; R. C. Robinson, Baltimore City; A. B. Rohrbaugh, Jr., Montgomery County; L. R. Schoolman, Frederick County; E. R. Shipley, Baltimore City; William G. Helfrich, Baltimore City; J. Elliot Levi, Baltimore City; Martin E. Strobel, Baltimore County; J. F. Supplee, III, Baltimore City; R. C. Tilghman, Council; Robert B. Wright, Baltimore City; and A. Dougal Young, Baltimore City.

The President made two announcements to those present, stating there would be a few remarks by Amos R. Koontz, M.D., regarding his Observations on Socialism in Europe; and there would be a scientific session following the business meeting.

SEMIANNUAL MEETING—1959

Dr. Eastland also asked for an expression of opinion from those present as to the desires for the next Semiannual Meeting: whether it should be held in Ocean City or elsewhere in the State. On a show of hands, it was apparent that Ocean City was the preference of those present for the Semiannual Meeting in 1959.

ADOPTION OF MINUTES

The minutes of the Annual Meeting of the House of Delegates held on April 16 and April 18, 1958, having been mailed to all members were not read. There being no corrections, the minutes of the two meetings above noted were approved as distributed.

BUDGET REPORT (Page 433)

Dr. Fort spoke briefly regarding the budget for the six month period, July-December, 1958, which was presented to the members of the House of Delegates for information only. In the process of this discussion, it was revealed that the Journal would become self-supporting in 1959, because of a

* Key for minutes: CAPS for recommendations and resolutions that are adopted. CAPS AND SMALL CAPS for recommendations that are *not* adopted. *Italics* for motions which are adopted.

25% increase in the advertising rates that starts early in 1959.

EMERITUS MEMBERSHIP—F. LESLIE JENNINGS, M.D.

Dr. Leo Brady, Chairman of the Council, Stated the Council recommended Emeritus membership be granted Dr. F. Leslie Jennings, who had been a member of the Baltimore City Medical Society for a period of 47 years.

ACTION: On motion of Dr. Cornbrooks, duly seconded and carried, Emeritus membership was granted Dr. Jennings.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS (Page 434)

Dr. Whitmer B. Firor, Chairman of the Committee on Constitution and By-Laws, presented the following amendments to the Constitution which will be presented to the House of Delegates at its Annual Meeting in April, 1959, for final adoption:

Constitution—Article V. House of Delegates. Section 2.

OLD

The House of Delegates shall consist of (1) All Delegates elected by the component societies, each component society being entitled to elect one delegate for each 50 active members in good standing, or major fraction thereof; provided each component society shall be entitled to elect at least one delegate; (2) the membership of the Council; and (3) one member elected by the State Board of Medical Examiners.

NEW

The House of Delegates shall consist of (1) Delegates elected by the component societies, each component society being entitled to elect AT LEAST one delegate AND AN ADDITIONAL DELEGATE for each 50 active members in good standing, or major fraction thereof; (2) the membership of the Council; and (3) one member elected by the State Board of Medical Examiners.

Constitution—Article VI, Council. Section 2.

OLD

The Council shall consist of (1) fifteen (15) Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and Bylaws.

NEW

The Council shall consist of (1) SEVENTEEN (17) Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and Bylaws.

Constitution—Article VII, Officers. Section 1.

OLD

The officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, a State Board of Medical Examiners as provided by State Law, and fifteen (15) Councilors who shall be chosen as follows: two from the Eastern Shore, five from the Western Shore, outside of Baltimore City, and eight from Baltimore City.

NEW

The officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, and SEVENTEEN (17) Councilors. FOR THE ELECTION OF COUNCILORS OF THE FACULTY THE STATE SHALL BE DIVIDED INTO FIVE (5) DISTRICTS WHICH ARE DESIGNATED WESTERN, EASTERN, CENTRAL, SOUTHERN AND SOUTH CENTRAL.

THE COMPONENT SOCIETIES WHICH CONSTITUTE EACH DISTRICT ARE AS FOLLOWS:

WESTERN DISTRICT: ALLEGANY - GARRETT COUNTY, CARROLL COUNTY, FREDERICK COUNTY AND WASHINGTON COUNTY.

EASTERN DISTRICT: CAROLINE COUNTY, CECIL COUNTY, DORCHESTER COUNTY, KENT COUNTY, QUEEN ANNE'S COUNTY, SOMERSET COUNTY, TALBOT COUNTY, WICOMICO COUNTY AND WORCESTER COUNTY.

CENTRAL DISTRICT: BALTIMORE CITY, BALTIMORE COUNTY AND HARFORD COUNTY.

SOUTHERN DISTRICT: ANNE ARUNDEL COUNTY, CALVERT COUNTY, CHARLES COUNTY, HOWARD COUNTY AND ST. MARY'S COUNTY.

SOUTH CENTRAL DISTRICT: MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY.

THE COUNCILORS SHALL BE ELECTED AS FOLLOWS: NINE (9) MEMBERS FROM THE CENTRAL

DISTRICT AND TWO (2) FROM EACH OF THE OTHER FOUR DISTRICTS. THE NINE (9) COUNCILORS FROM THE CENTRAL DISTRICT SHALL INCLUDE EIGHT (8) FROM BALTIMORE CITY AND ONE (1) FROM EITHER BALTIMORE COUNTY OR HARFORD COUNTY.

Constitution—Article XI, Funds and Expenses. Section 3.

OLD

Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of eight (8) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary, and four (4) additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

It shall also be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

Dr. Firor then pointed out that he was deleting all references to membership categories from his report because there were some further revisions being made in this respect in the Bylaws: Chapter I, Membership, Sections 1, 2, 3; Chapter II, Dues and Assessments, Section 1, a, b, Section 2, a, b, Sections 3, 4, 5. (See pages 434-36 for Report of Committee on Constitution and Bylaws.)

He then presented the following Bylaw changes for action by the House:

Bylaws—*Chapter VIII, Standing Committees. Section 7. Committee on Finance and Budget.

OLD

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council. It shall consist of eight (8) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, who shall also be the Chairman of the Committee, the Secretary, and four (4) additional members of the Faculty appointed by the Chairman of the Council.

The control of funds, investments and expenditures of the Faculty shall be vested in the Committee on Finance and Budget.

It shall likewise be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

NEW

Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of NINE (9) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary, THE CHAIRMAN OF THE PLANNING COMMITTEE and four (4) additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

It shall also be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. THE BUDGET SHALL ALSO BE PRESENTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

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It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council. It shall consist of NINE (9) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, who shall also be the Chairman of the Committee, the Secretary, THE CHAIRMAN OF THE PLANNING COMMITTEE and four (4) additional members of the Faculty appointed by the Chairman of the Council.

The control of funds, investments and expenditures of the Faculty shall be vested in the Committee on Finance and Budget.

It shall likewise be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. THE BUDGET SHALL ALSO BE PRESENTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING. The budget shall comprise a financial plan for the work of the Faculty and no

* This Chapter number conforms to that in the Constitution and Bylaws as printed September, 1957 and not as amended in April, 1958—Chapter VIII is Chapter IX.

expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

ACTION: On motion of Dr. C. F. O'Donnell, seconded by Dr. M. B. Davis, adoption of these Bylaw changes was approved.

Bylaws—*Chapter VI, Section 3. The Council.

OLD

The Chairman of the Council shall assign to the component societies, members of the Council who shall be available to advise and consult with the component societies and shall visit said component societies at least once a year. The Councilors so assigned shall make to the Council annual reports of the conditions of the profession in said societies.

ACTION: On motion of Dr. E. I. Cornbrooks, seconded by Dr. C. F. O'Donnell, the above change in the Bylaws was approved.

Bylaws—Chapter IX, Standing Committees. Section 5. Nominating Committee.

OLD

The Nominating Committee shall consist of the two most recent living Past Presidents, the senior of whom shall be the Chairman, and three members to be elected by the House of Delegates at the Semiannual Meeting.

ACTION: On motion of Dr. M. B. Davis, seconded by Dr. H. F. Kinnamon, the above change in the Bylaws was approved on vote.

NEW

The Nominating Committee shall consist of SEVEN (7) MEMBERS. THE IMMEDIATE PAST PRESIDENT SHALL BE THE CHAIRMAN AND THE PRESIDENT SHALL APPOINT ONE MEMBER FROM EACH OF THE FIVE DISTRICTS AND ONE AT LARGE. NO MEMBER OF THE NOMINATING COMMITTEE MAY SERVE MORE OFTEN THAN EVERY FIVE (5) YEARS UNLESS DEATH OR RESIGNATION MAKES NECESSARY THE IMMEDIATELY PRECEDING PAST PRESIDENT SERVING AGAIN.

ENABLING RESOLUTIONS

Dr. Firor then introduced the following two resolutions with respect to implementing the Bylaws voted upon at the Annual Meeting in April, 1958 and the Semiannual Meeting on September 12, 1958.

RESOLVED, THAT THE MEMBERS OF THE COUNCIL AND THE COMMITTEES WHOSE TERMS OF OFFICE WOULD EXPIRE ON DECEMBER 31ST UNDER THE PROVISIONS OF THE CONSTITUTION AND BYLAWS PRIOR TO THE PROPOSED AMENDMENTS THERETO SHALL NOW CONTINUE TO SERVE UNTIL THE CONCLUSION OF THE NEXT ANNUAL MEETING IN CONFORMITY WITH THE PROPOSED CHANGES IN THE CONSTITUTION AND BYLAWS

ACTION: On motion of Dr. O. D. Christensen, seconded by Dr. R. C. V. Robinson, this motion was put to a vote. The resolution was carried.

RESOLVED, THAT THE 1958 NOMINATING COMMITTEE SHALL BE APPOINTED AS PROVIDED IN THE AMENDMENT PRESENTED IN THE REPORT OF SEPTEMBER 1958, OF THE COMMITTEE ON CONSTITUTION AND BYLAWS, CHAPTER IX, SECTION 5, WHICH READS AS FOLLOWS: "THE NOMINATING COMMITTEE SHALL CONSIST OF SEVEN (7) MEMBERS. THE IMMEDIATE PAST PRESIDENT

SHALL BE THE CHAIRMAN AND THE PRESIDENT SHALL APPOINT ONE MEMBER FROM EACH OF THE FIVE DISTRICTS AND ONE AT LARGE. NO MEMBER OF THE NOMINATING COMMITTEE MAY SERVE MORE OFTEN THAN EVERY FIVE (5) YEARS UNLESS DEATH OR RESIGNATION MAKES NECESSARY THE IMMEDIATELY PRECEDING PAST PRESIDENT SERVING MORE OFTEN."

ACTION: On motion of Dr. W. A. Pillsbury, seconded by Dr. E. I. Cornbrooks, this motion, on being put to a vote, was carried.

COMMITTEE REPORTS

REPORT OF THE CLASS A MEMBERS OF THE MARYLAND MEDICAL SERVICE, INC.

Dr. Diggs read the report from Class A Members of the Maryland Medical Service, Inc., as submitted in accordance with a resolution passed at the April 18, 1958, meeting of the House of Delegates, and as submitted by Dr. John E. Savage.

This report is on page 436 (Medical Society Representatives on the Board of Trustees of Maryland Medical Service Inc. in regard to House of Delegates Resolution of April 18, 1958.) and made a part of these minutes.

ACTION: On motion of Dr. H. B. Mays, seconded by Dr. C. F. O'Donnell, the report was accepted. On vote, this motion was carried.

* This Chapter number conforms to that in the Constitution and Bylaws as printed September, 1957 and not as amended in April, 1958—Chapter VI is Chapter VII.

RESOLUTIONS COMMITTEE REPORT (Page 437)

Dr. Robert vL. Campbell, Chairman, presented the report of the Resolutions Committee as follows:

Accreditation of Hospitals and Intern and Resident Training Programs

WHEREAS, THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND SEEKS TO FURTHER THE PRIMARY FUNCTION AND CHIEF RESPONSIBILITY OF HOSPITALS IN THE STATE OF MARYLAND SO AS TO PERMIT THEM TO ACHIEVE GREATER EFFICIENCY IN THE CARE OF PATIENTS AND TRAINING OF HOUSE OFFICERS; AND

WHEREAS, THE FACULTY BELIEVES THAT THERE SHOULD BE NO DEROGATION OF THESE TWO AIMS; AND

WHEREAS, IT IS THE SENSE OF THE FACULTY THAT THESE OBJECTIVES CAN BE ACCOMPLISHED BY A REALISTIC APPROACH TO HOSPITAL ACCREDITATION WITH DUE WEIGHT AND REGARD TO FACTORS OF REGIONAL SIGNIFICANCE AND THE EXPERIENCE, OPINIONS AND FINDINGS OF LOCAL MEDICAL SOCIETIES; AND

WHEREAS, THE INCIDENTS OF ACCREDITATION PRESENTLY REQUIRE THE PHYSICIAN TO DIVERT TIME AND ATTENTION FROM PATIENT CARE IN ORDER TO ATTEND LOCAL AND ROUTINE GATHERINGS TO THE EXCLUSION OF CITY, STATE AND NATIONAL MEETINGS; PREPARE SCHEDULES, CHARTS, NOTES AND OTHER RECORD MINUTIAE AND ATTEND UNNECESSARY HOSPITAL STAFF MEETINGS AND CONFERENCES; AND

WHEREAS, THE DEMANDS OF ACCREDITATION FORCE A SMALLER HOSPITAL TO AFFILIATE WITH A LARGER INSTITUTION WHICH USURPS THE TRAINED PERSONNEL OF THE AFFILIATE; AND

WHEREAS, SUBSPECIALTIES ARE OVEREMPHASIZED AT THE EXPENSE OF IN- AND OUT-PATIENT EXAMINATIONS AND FLOATING AND ABSENTEE RESIDENCIES ARE ENCOURAGED; AND

WHEREAS, THE EXISTING PRACTICES OF ACCREDITATION LIMIT THE PHYSICIANS' OPPORTUNITY TO VISIT VARIOUS HOSPITALS, THUS DEPRIVING THEM OF AN IMPORTANT ASPECT OF THE EDUCATIONAL PROCESS AND THE OPPORTUNITY OF BROADENING EXPERIENCE; DISCOURAGES DIVERSIFICATION OF HOSPITALS—LARGE, SMALL, MEDICAL SCHOOL AND NON-MEDICAL SCHOOL; PREVENTS THE HOSPITALS FROM RETAINING AND DEVELOPING THE CHARACTER AND INDIVIDUALITY DESIRABLE IF COMPETENT INTERNS AND PERSONNEL ARE TO BE ATTRACTED TO IT; AND

WHEREAS, HOSPITAL STATUS AND VALUE SHOULD BE DETERMINED BY CRITERIA OTHER THAN MERE STANDARDIZATION, CONFORMITY, NUMBER OF PUBLICATIONS OR AMOUNT OF RESEARCH; AND

WHEREAS, THE PRESENT METHODS OF AC-

CREDITATION FAVOR THE LARGE ENDOWED INSTITUTIONS WHICH ARE APT TO BECOME EMBROILED IN DIFFERENCES OF OPINIONS ON MEDICAL POLICIES TO A GREATER DEGREE THAN SMALLER HOSPITALS; AND

WHEREAS, THE REQUIREMENTS OF ACCREDITATION TEND TO REDUCE THE NUMBER OF AVAILABLE BEDS BY MAKING IT DIFFICULT IF NOT IMPOSSIBLE FOR THE SMALL INSTITUTION TO EXIST AND RESULTS IN THE RESERVATION OF AVAILABLE BEDS TO A LIMITED NUMBER OF PHYSICIANS THEREBY DEPRIVING OTHERS OF SEMI-PRIVATE PRIVILEGES WHILE CIRCUMSCRIBING OR DENYING STAFF PRIVILEGES AND DICTATING THE CONDITIONS OF HOSPITAL ATTENDANCE AND STAFF AFFILIATION; AND

WHEREAS, THE PROCEDURES OF ACCREDITATION HAVE MADE THE PROCUREMENT OF INTERNS DIFFICULT; HAVE CAUSED UNDESIRABLE COMPETITION BETWEEN HOSPITALS FOR AVAILABLE PERSONNEL; HAVE RAIDED SMALL HOSPITAL STAFFS THROUGH AFFILIATION AND HAVE RESULTED IN INTERNS BECOMING GENERALLY UNAVAILABLE WHEN CALLED BECAUSE OF AFFILIATE DUTY OR ATTENDANCE AT COURSES OR LECTURES; AND

WHEREAS, REQUESTS TO THE COMMISSION ON ACCREDITATION OF HOSPITALS AND TO THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS, NOT ONLY FOR ACCREDITATION BUT ALSO FOR ASSISTANCE WITH PROBLEMS INCIDENT THERETO RESULT IN LONG DELAYS, IN LITTLE TANGIBLE AID AND FREQUENTLY MERELY LEAD TO ONEROUS DEMANDS,

NOW, THEREFORE BE IT RESOLVED, THAT:

1. THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, BASED ON ITS COLLECTIVE EXPERIENCE AND STUDY, HEREBY MAKES A FINDING OF FACT THAT THE PRESENTLY EXISTING METHODS OF APPROVING AND DISAPPROVING HOSPITALS FOR ACCREDITATION ADVERSELY AFFECT THE POTENTIALITIES AND EFFECTIVENESS OF SUCH INSTITUTIONS GENERALLY AND THE RESIDENT, INTERN AND VISITING PHYSICIANS ASSOCIATED WITH SUCH HOSPITALS SPECIFICALLY;

2. THE COMMISSION ON ACCREDITATION OF HOSPITALS AND THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS REVIEW AND RECONSIDER THEIR OBJECTIVES AND THEIR PROCEDURES AND EVALUATION METHODS IN ACHIEVING SUCH OBJECTIVES;

3. THE OPINIONS AND FINDINGS OF LOCAL MEDICAL SOCIETIES BE GIVEN MORE WEIGHT IN APPRAISING HOSPITAL FACILITIES AND SERVICES FOR ACCREDITATION; AND

BE IT FURTHER RESOLVED, THAT THE SECRETARY OF THE MEDICAL AND CHIRURGICAL FACULTY BE INSTRUCTED TO TRANSMIT COPIES OF THIS RESOLUTION TO ALL COMPONENT SO-

CIETIES OF THE AMERICAN MEDICAL ASSOCIATION FOR THEIR INFORMATION AND APPROPRIATE ACTION. SUCH APPROPRIATE ACTION, IT IS HOPED, WILL INCLUDE THE FORWARDING OF SIMILAR RESOLUTIONS IN DEMOCRATIC ACTION TO THE JOINT COMMISSION ON ACCREDITATION OF HOSPITALS AND TO THE COUNCIL ON MEDICAL EDUCATION AND HOSPITALS OF THE A.M.A.; AND THAT THIS RESOLUTION BE PLACED IN THE HANDS OF THE MEDICAL AND CHIRURGICAL FACULTY'S LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS FOR IMPLEMENTATION.

ACTION: Motion. Dr. Campbell moved adoption of this portion of the Resolutions Committee Report. Dr. Albert E. Goldstein seconded this motion.

On asking for discussion of this motion, Dr. Samuel Morrison outlined the history of the resolution and stated it was not a criticism of the work of the Joint Committee on Accreditation, nor the Residency and Intern Training Program Council, in Chicago. He called attention to the fact that the resolution was passed unanimously by the Baltimore City Medical Society.

ACTION: Motion adopted. On calling for a vote, the motion was passed unanimously.

Health & Welfare Committees of the Senate and House of the General Assembly of Maryland

WHEREAS, THE FEDERAL GOVERNMENT HAS SEEN FIT TO CREATE A DEPARTMENT OF HEALTH, EDUCATION AND WELFARE FOR THE REASON THAT THESE FIELDS HAVE BECOME MORE AND MORE IMPORTANT AND MORE AND MORE CLOSELY INTERRELATED IN OUR MODERN SOCIETY; AND

WHEREAS, RAPIDLY ADVANCING MEDICAL AND SOCIAL RESEARCH ARE MAKING THE FIELDS OF HEALTH AND WELFARE INCREASINGLY COMPLEX TO THE POINT WHERE IT IS DIFFICULT EVEN FOR THOSE PERSONS INTIMATELY ASSOCIATED WITH THESE PROBLEMS TO KEEP ABREAST OF NEW DEVELOPMENTS AND TO PROPERLY UNDERSTAND THEM FULLY; AND

WHEREAS, THE STATE OF MARYLAND RANKS ELEVENTH IN PER CAPITA INCOME IN THE UNITED STATES ACCORDING TO THE U. S. DEPARTMENT OF COMMERCE; AND

WHEREAS, OUR STATE, ALONG WITH VIRGINIA, RANKS LOWEST OF ALL THE FORTY-EIGHT IN PERCENTAGE OF FUNDS ALLOCATED TO PUBLIC WELFARE, THIS FIGURE BEING 5.5% IN 1956 (WHILE THE NATIONAL AVERAGE WAS 14.2% WITH COLORADO AND MISSOURI SPENDING 31.4% AND 29.8% RESPECTIVELY); AND

WHEREAS, APPROXIMATELY 25% OF THE TOTAL STATE BUDGET IS ALLOCATED TO EDUCATION, WHICH HAS ITS OWN STANDING COMMITTEE IN THE HOUSE OF DELEGATES WHILE APPROXIMATELY 17% IS ALLOCATED TO THE EQUALLY IMPORTANT FUNCTIONS OF PUBLIC HEALTH AND

WELFARE, WHICH DEPARTMENTS ARE WITHOUT THE BENEFIT OF SUCH STANDING COMMITTEES; AND

WHEREAS, IN EVERY SESSION OF THE GENERAL ASSEMBLY, LEGISLATIVE PROPOSALS WHICH RELATE TO MENTAL HEALTH, MEDICAL CARE, MEDICAL PRACTICES AND THE SUPPORT OF THE STATE'S NEEDY ARE REFERRED TO VARIOUS STANDING AND SPECIAL COMMITTEES WHOSE PRIMARY INTERESTS ARE ALL IN OTHER FIELDS;

THEREFORE BE IT RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND STRONGLY URGES THE HOUSE OF DELEGATES OF THE STATE OF MARYLAND AND AND THE MARYLAND STATE SENATE THROUGH THE LEGISLATIVE COUNCIL TO CREATE NEW STANDING COMMITTEES TO BE KNOWN AS THE HEALTH AND WELFARE COMMITTEES OF THE SENATE AND OF THE HOUSE, WHICH COMMITTEES WOULD BE CHARGED WITH THE RESPONSIBILITY OF CONSIDERING LEGISLATION PERTAINING TO MATTERS OF HEALTH AND WELFARE; AND

BE IT FURTHER RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND EARNESTLY REQUESTS THAT IF SUCH COMMITTEES ARE CREATED THAT THE SPEAKER OF THE HOUSE AND THE PRESIDENT OF THE SENATE IN CHOOSING THE CHAIRMEN AND MEMBERS OF THESE COMMITTEES CONSIDER CAREFULLY THE QUALIFICATIONS AND INTERESTS OF THE APPOINTEES IN ORDER TO INSURE AN INFORMED EVALUATION OF THESE HIGHLY COMPLEX AND FAR-REACHING LEGISLATIVE MATTERS.

ACTION: Motion. Dr. R. vL. Campbell moved adoption of this portion of the Resolutions Committee Report. Dr. M. McK. Boyer seconded this motion.

The motion was discussed at some length by those present. Dr. Moyers pointed out that Dr. Pincoffs headed the Medical Care Committee, a sub-committee of the Maryland State Planning Commission, at its inception and this was now headed by Dr. George H. Yeager. He wondered if this new committee would not be duplicating the work of the Medical Care Committee, inasmuch as all matters pertaining to health or medical programs are presently referred by the Legislature to this Committee.

Mr. Kirkman, Administrative Consultant to the Faculty, on being requested to express an opinion by Dr. O'Donnell, was duly granted the privilege of the floor, on motion duly made, seconded and carried. He pointed out that the Legislature had recently reduced its committees considerably in an attempt to streamline the duties of the Senate and House. He further stated that he felt the Legislature would not look with favor upon a proposal which would reverse what it has tried to do in the last ten years.

Mr. Kirkman also pointed out the urgency of having this information, if the resolution is passed, presented to the Legislative Council, inasmuch as it will go out of existence the first of December.

ACTION: Motion adopted. On being put to a vote, the motion was passed, with several "nos" being registered.

Laboratory Facilities of the State Department of Health

WHEREAS, THE COMMITTEE TO CONFER WITH THE STATE HEALTH DEPARTMENT AND THE HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL FACULTY ON SEPTEMBER 16, 1955, AT OCEAN CITY RECOMMENDED THE FOLLOWING:

"DUE TO THE ILL USE OF CERTAIN LABORATORY FACILITIES, NAMELY; THE EXAMINATION OF BLOOD AND URINE SPECIMENS FOR CLINICAL PURPOSES, WHEN THERE ARE PRIVATE LABORATORY FACILITIES AVAILABLE FOR DOING THE SAME, THE ADVISORY COMMITTEE TO THE STATE DEPARTMENT OF HEALTH RECOMMENDS THAT THE STATE HEALTH DEPARTMENT LABORATORY AND ITS BRANCHES ACCEPT BLOOD AND URINE SPECIMENS TO BE EXAMINED FOR CLINICAL PURPOSES ONLY FROM THE STATE CLINICS, THE CERTIFIED MEDICALLY INDIGENT, AND THOSE CERTIFIED BY THEIR PRIVATE PHYSICIANS TO BE ELIGIBLE FOR SUCH SERVICES;" AND

WHEREAS, RENDERING OF SUCH LABORATORY SERVICE IS ENGAGING IN THE PRACTICE OF MEDICINE BEYOND THE USUAL CONFINES OF PUBLIC HEALTH RESPONSIBILITY; AND

WHEREAS, THE STATE HEALTH DEPARTMENT, IN ITS STATEMENT PREPARED ON MARCH 3, 1958, IN PARAGRAPH 3 OF PAGE 2 HAS STATED, "IT IS TOTALLY UNREALISTIC FOR HEALTH DEPARTMENTS TO LIVE IN THE PAST AND TO CONTINUE TO SPEND LARGE AMOUNTS OF PUBLIC FUNDS, TIME AND ENERGY ON THE CONTROL OF INFECTIOUS DISEASES WHEN THESE HAVE BEEN BROUGHT UNDER CONTROL WHERE ILLNESSES AND DEATH FROM MANY ARE EXTREMELY LOW..." AND

WHEREAS, SURVEYS CONDUCTED BY THE MARYLAND SOCIETY OF PATHOLOGISTS IN 1958 HAVE DEMONSTRATED THAT THERE ARE AMPLE PRIVATE PRACTICING PATHOLOGISTS AND LABORATORY FACILITIES TO CONDUCT THE NUMBER OF LABORATORY DETERMINATIONS CONSIDERED TO BE NECESSARY BY THE STATE HEALTH DEPARTMENT IN ITS STATEMENT OF MARCH 3, 1958; AND

WHEREAS, THE STATE BUREAU OF LABORATORIES HAS INCREASED ITS VOLUME OF LABORATORY WORK FROM 26,225 DETERMINATIONS IN 1944 TO 281,513 CLINICAL PATHOLOGIC PROCEDURES IN 1956 EXCLUSIVE OF DIAGNOSTIC BACTERIOLOGY, SANITARY BACTERIOLOGY AND CHEMISTRY AND RH TYPING AND 22,000 CYTOLOGIC CASES FOR CANCER DETECTION IN THE SAME YEAR, ALL OF THESE PROCEDURES BEING RENDERED AS FREE SERVICES AND BEING OUTSIDE OF THE GENERALLY ACCEPTED SCOPE OF PUBLIC HEALTH LABORATORY WORK;

THEREFORE BE IT RESOLVED, THAT THIS HOUSE OF DELEGATES OF THE MEDICAL AND CHIRURGICAL

FACULTY RECOMMENDS TO THE STATE BOARD OF HEALTH AND THE STATE HEALTH DEPARTMENT THAT THEY CURTAIL THE ACTIVITIES OF THE LABORATORY FACILITIES IN FIELDS OTHER THAN INFECTIOUS, CONTAGIOUS DISEASE AND, SPECIFICALLY, THEY RESTRICT ALL OTHER SERVICES TO PATIENTS DECLARED INDIGENT AND MEDICALLY INDIGENT UNDER THE MEDICAL CARE PROGRAM OF THIS STATE, WHEREVER PRIVATE FACILITIES ARE AVAILABLE; AND

THEREFORE BE IT ALSO RESOLVED, THAT PHYSICIANS IN MARYLAND BE URGED TO EVALUATE ALL REFERRALS TO STATE HEALTH DEPARTMENT LABORATORIES TO INSURE THOSE ABLE TO PAY ARE REFERRED TO PRIVATE LABORATORY FACILITIES WHERE AVAILABLE.

Dr. Campbell pointed out that the State Department of Health had been contacted regarding this resolution and asked to provide data with respect to any attempts to implement a similar resolution passed by this House in 1956. From this data, it would seem obvious that the State Health Department has not prohibited the use of its facilities to private patients as the result of the resolution passed in 1956. This might be difficult for it to accomplish, however, he said.

ACTION: Dr. Campbell moved adoption of this portion of the Resolutions Committee Report. Dr. E. I. Cornbrooks seconded this motion, which was carried.

Inequities in Blue Cross/Blue Shield Payments to Physicians in Washington County

WHEREAS, SINCE NO INTERNS ARE AVAILABLE IN OUR HOSPITAL, PRIVATE PHYSICIANS MUST ASSIST DURING SURGICAL PROCEDURES. THE ALLOWED SURGICAL ASSISTANCE FEE OF \$15. IS INADEQUATE REMUNERATION FOR THE LOSS OF TIME INVOLVED AND LONG PROCEDURES; AND

WHEREAS, ELECTROCARDIOGRAMS ARE PERFORMED BY LOCAL PHYSICIANS RATHER THAN AS A HOSPITAL SERVICE IN OUR HOSPITALS; A RECEIPT SIGNED BY THE PHYSICIAN MUST BE SUBMITTED BY THE PATIENT TO THE BLUE CROSS OFFICE BEFORE PAYMENT WILL BE MADE FOR SERVICES RENDERED, RESULTING IN FREQUENT NON-PAYMENT BECAUSE OF THE INVOLVED PROCEDURES REQUIRED; AND

WHEREAS, NO PAYMENT IS ALLOWED FOR SERVICES PERFORMED BY A PHYSICIAN IN THE HOSPITAL EMERGENCY ROOM FOR EMERGENCY CASES UNLESS A SUTURE OR ACTUAL SURGERY IS PERFORMED; AND

WHEREAS, ATTEMPTS ON A LOCAL BASIS TO SOLVE THE ABOVE PROBLEMS HAVE FAILED;

NOW, THEREFORE, BE IT RESOLVED, THAT THESE MATTERS BE REFERRED TO THE BOARD OF TRUSTEES OF THE BLUE CROSS AND BLUE SHIELD TO DISCUSS POSSIBLE SOLUTIONS.

ACTION: Dr. Campbell moved adoption of this portion of the Resolutions Committee Report. Dr. Mays seconded this motion which was carried.

ADOPTION OF REPORT OF THE RESOLUTIONS COMMITTEE. (Page 437)

ACTION: Dr. Campbell moved adoption of the Report of the Resolutions Committee as a whole. Dr. A. E. Goldstein seconded this motion which was carried.

EXTENSION OF SERVICES UNDER BLUE CROSS COVERAGE—RESOLUTION

Dr. Brady introduced the following resolution, which had been considered by the Council as a whole and referred to the House of Delegates for its approval:

BE IT RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND OPPOSES THE EXTENSION OF DIAGNOSTIC MEDICAL SERVICES IN OUT-PATIENT CLINICS OF HOSPITALS UNDER BLUE CROSS COVERAGE; AND

BE IT FURTHER RESOLVED, THAT COPIES OF THIS RESOLUTION BE SENT TO ALL CLASS A MEMBERS OF THE MARYLAND MEDICAL SERVICE, INC., APPOINTED BY THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND; TO ALL CORPORATE MEMBERS OF THE MARYLAND HOSPITAL SERVICE, INC., APPOINTED BY THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND; TO THE MARYLAND MEDICAL SERVICE, INC.; MARYLAND HOSPITAL SERVICE, INC.; THE HOSPITAL COUNCIL, INC., THE ADMINISTRATORS OF HOSPITALS IN MARYLAND; AND TO THE PRESIDENTS AND SECRETARIES OF THE COMPONENT MEDICAL SOCIETIES OF THE MEDICAL AND CHIRURGICAL FACULTY.

Dr. Brady explained the background behind the introduction of this resolution, stating that the Insurance Commissioner, as a result of the hearings held on an increase in the premium rate for Blue Cross, had suggested the possibility of extending Blue Cross coverage to out-patients in the hospital and outside of the hospital. This resolution, he stated, was merely that the Faculty is opposed to the extension of Blue Cross to cover services for out-patients in hospitals.

ACTION: Motion. Dr. W. B. Firor moved that the action of the Council be approved by adopting this resolution. Dr. A. E. Goldstein seconded this motion.

Dr. Diggs emphasized that the Faculty was not trying to curtail services, but that it felt the services of a diagnostic coverage should not be obtained through Blue Cross coverage, but through Blue Shield coverage.

Mr. Dabney, Director of the Maryland Hospital Service, Inc., was granted the privilege of the floor, and explained that the present trend was for additional coverage in the shape of diagnostic services, principally x-ray and laboratory, to be given when a patient is not hospitalized as an in-patient. Normally, these benefits are written so that they may be obtained either in a physician's office or in a hospital out-patient department. Mr. Dabney stated that his interpretation was that the intent of this resolution is that total benefits be provided under blue Shield, whether they are obtained in hospital out-patient departments or in the phy-

sician's office. Dr. Brady confirmed that this was the intent of the resolution.

Other discussion took place, suggesting that several "whereases" be inserted at the front of the resolution, as well as discussion as to how services were to be ordered under such a plan.

ACTION: Motion adopted. On putting the motion to a vote, there was some confusion on a verbal answer and a show of hands was called for. The motion was carried.

AMERICAN MEDICAL EDUCATION FOUNDATION—VOLUNTARY CONTRIBUTION ON DUES BILLS

Dr. William S. Stone, Chairman of the Committee to Cooperate with the American Medical Education Foundation, spoke urging the members to contribute to the annual AMEF drive, providing statistics comparing Maryland's contribution by physicians to other state contributions by physicians. He asked that the House approve the listing of a voluntary contribution of \$10.00 per member on the dues bills to go out in 1959.

ACTION: Dr. C. F. O'Donnell moved that this be adopted. Dr. R. C. V. Robinson seconded the motion which was carried.

LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS: (Page 441)

ACTION: Dr. O'Donnell moved that the recommendation to the effect that the House of Delegates authorize the transmission to the Council on Medical Education and Hospitals of the American Medical Association and the Residency Review Committee in Internal Medicine, the summary of the complaints received by the Committee and the two suggestions which the Committee has formulated. (See suggestions A & B; and Paragraphs 1-5 of the report.)

Dr. Cornbrooks seconded this motion which was carried.

ACTION: Dr. O'Donnell moved that the House accept the suggestion made in Part III of the report, namely, that a prepared statement be published in the Maryland State Medical Journal.

Dr. W. A. Pillsbury seconded this motion which was carried.

ACTION: Dr. W. B. Firor moved acceptance of the report as a whole. Dr. H. B. Mays seconded this motion which was carried.

REPORT OF THE MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM AND REPORT OF THE NEGOTIATOR FOR THE MEDICARE FEE SCHEDULE (Page 442)

There being no action required by these reports the President called for a motion to accept them as printed.

ACTION: Dr. E. I. Cornbrooks made this motion. Dr. Wetherbee Fort seconded it and the motion was carried.

NEW BUILDING COMMITTEE (Page 443)

Dr. A. E. Goldstein reported on the status of the application by the Faculty for land in Area 12, which is that application has been made, but nothing concrete has been heard from the Urban Redevelopment Commission. He stated that the money being collected from the members for the building fund now amounts to around \$153,000, all of which is invested and earning interest.

He stated he would have a more complete report for the next meeting of the House and could, perhaps, give more definite opinions in this regard.

ACTION: Dr. Thurston Harrison moved that this progress report be accepted by the House. Dr. Cornbrooks seconded the motion and it was carried.

COMMITTEE TO INVESTIGATE PROBLEM OF PRACTICING PHYSICIANS IN GOVERNMENT SERVICE (Page 444)

There being no action required by this report, the President called for a motion to accept the report as printed and to discharge the Committee with thanks.

ACTION: Dr. O. D. Christensen moved that this be done. Dr. H. F. Kinnamon seconded the motion and it was carried.

COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS (Page 445)

There being no action required, the report being one of progress only, the President called for a motion to accept it as printed.

ACTION: Dr. M. B. Davis moved that this be done. Dr. H. F. Kinnamon seconded the motion and it was carried.

REPORT OF AMERICAN MEDICAL ASSOCIATION DELEGATE (Page 445)

This report carried one recommendation that a representative of the local Student A.M.A. be invited to come to the next House of Delegates meeting and explain what they are doing and, therefore, to see whether we should have a chapter in every medical school if we are in favor of that.

ACTION: Dr. C. F. O'Donnell moved that this report be accepted and the recommendation be approved. Dr. W. B. Moyers seconded the motion which was carried.

ADJOURNMENT

The business before the House having been concluded, motion was made by Dr. Goldstein and seconded by Dr. O'Donnell that the House adjourn sine die. The motion was carried and adjournment was taken at 11:45 a.m.

Respectfully submitted,
EVERETT S. DIGGS, M.D., Secretary

REPORTS*

To the House of Delegates

TREASURER'S REPORT

Mr. President and Members of the House of Delegates:

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

PROPOSED BUDGET JULY 1, 1958 to
DECEMBER 31, 1958

ESTIMATED INCOME

Dues from members a/c dues:	
Baltimore City Medical Society	\$975.00
Counties	1,614.00
	\$2,589.00
Baltimore City Medical Society:	
Balance due for Secretarial Services and use of Facilities	7,750.00
State Board of Medical Examiners:	
Rental for 1215 Cathedral Street	\$1,200.00
Rental of Osler Hall	240.00
	1,440.00
State Board of Nurses Examiners:	
Rental of Osler Hall	120.00

* Key for Committee Reports: All recommendations and resolutions in *italics* regardless of whether or not adopted by the House of Delegates.

Maryland State Nurses Association:	
Rental of 1217 Cathedral Street	1,000.00
Maryland League for Nursing:	
Rental 3rd Floor office 1215 Cathedral Street	180.00
Income from Trust Funds for Library Purposes	4,000.00
Income from Trust Funds for Special Purposes	825.00
Income from Journal Advertising	23,000.00
Reimbursement to General Funds for Expenditures made a/c Special Funds	2,053.00
Cash Balance July 1, 1958	79,835.00
	122,792.00
Less Reserve for Working Fund	25,202.00
Available for Budget Expenditures	\$97,590.00

ESTIMATED DISBURSEMENTS

JULY 1, TO DECEMBER 31, 1958

	Actual Expenditures Jan. 1 to June 30, 1958	Estimated Expenditures July 1 to Dec. 31, 1958
1 Auditor	\$694.00	
2 Committee Expense	612.21	\$1,000.00
3 Communications	1,755.15	2,400.00
4 Contributions		100.00
5 Fuel	2,596.23	1,500.00
6 Gas, Electricity, Water	1,138.13	1,300.00
7 Household and Janitorial Supplies and Expenses	599.42	700.00

	Actual Expenditures Jan. 1 to June 30, 1958	Estimated Expenditures July 1 to Dec. 31, 1958
8 Insurance.....	1,389.88	1,000.00
9 Journal Expense.....	25,536.99	25,500.00
10 Legal Fees.....	835.00	900.00
11 Library a/c Books, Journals, etc.....	2,053.59	4,000.00
12 Maintenance of Property.....	1,098.64	1,500.00
13 Meetings, Annual & Semi- annual.....		900.00
14 Miscellaneous.....	3,756.85	4,000.00
15 Office Equipment.....	428.84	500.00
16 Office Supplies.....	797.93	900.00
17 Printing.....	658.88	800.00
18 Salaries.....	39,469.91	41,265.00
19 Taxes.....	1,929.67	2,000.00
20 Travel.....	1,357.94	2,000.00
22 Extraordinary Repairs.....	2,583.00	2,000.00
23 New Equipment.....	335.56	500.00
25 Special Purposes, per contra..		825.00
26 Fringe Benefits.....		1,000.00
27 Contingent.....		1,000.00
	<hr/> \$99,627.82	<hr/> \$97,590.00

Respectfully submitted,
WETHERBEE FORT, M.D., *Treasurer*

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

Mr. President and Members of the House of Delegates:
AMENDMENTS TO CONSTITUTION AND BY-LAWS
FOR PRESENTATION AT THE SEMIANNUAL
MEETING, SEPT. 12, 1958 MEETING OF THE
HOUSE OF DELEGATES.

N. B. Amendments are indicated by capital letters and parentheses are for deletions.

CONSTITUTION*

Number of delegates representing the component societies in the House of Delegates.

Explanation: It is more democratic and gives more representation to areas with larger number of members.

ARTICLE V. House of Delegates.

Section 2. The House of Delegates shall consist of: 1—delegates elected by the component societies, each component society being entitled to elect AT LEAST one delegate AND AN ADDITIONAL DELEGATE for each 50 active members in good standing, or major fraction thereof; (provided each component society shall be entitled to elect at least one delegate); 2—the membership of the Council; and 3—one member elected by the State Board of Medical Examiners.

* The House of Delegates may amend any article of this Constitution by a vote of two-thirds of the Delegates present at any Annual Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

Membership of the Council.

Explanation: To conform with the amendment, also being presented September 12, 1958, to Article VIII, Section 2.

ARTICLE VI. Council.

Section 2. The Council shall consist of: —15—(fifteen) SEVENTEEN—17—Councilors; and —2—the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and By-Laws.

New method of selection of councilors.

Explanation: At the April 1958 meeting of the House of Delegates, the Committee on Constitution and By-Laws redistricted the State into four (4) districts. When this was brought on the floor the Delegates from Prince George's, Montgomery and several Southern counties felt that to place Prince George's and Montgomery with the Southern Maryland counties was improper and requested that the State be divided into five (5) districts—each district to be set up in accordance with the number of members and population. Therefore, at the Semiannual meeting in Ocean City the Committee on Constitution and By-Laws will submit the following changes:

ARTICLE VII. Officers. *Section 1.*

The officers of this Faculty shall be a President, three—3—Vice Presidents, a Secretary, a Treasurer, (a State Board of Medical Examiners as provided by State Law,) and SEVENTEEN—17—Councilors (who shall be chosen as follows: two from the Eastern Shore, five from the Western Shore, outside of Baltimore City, and eight from Baltimore City.) FOR THE ELECTION OF COUNCILORS OF THE FACULTY THE STATE SHALL BE DIVIDED INTO FIVE—5—DISTRICTS WHICH ARE DESIGNATED WESTERN, EASTERN, CENTRAL, SOUTHERN AND SOUTH CENTRAL.

THE COMPONENT SOCIETIES WHICH CONSTITUTE EACH DISTRICT ARE AS FOLLOWS:

WESTERN DISTRICT: ALLEGANY COUNTY, GARRETT COUNTY, WASHINGTON COUNTY, FREDERICK COUNTY AND CARROLL COUNTY.

EASTERN DISTRICT: CECIL COUNTY, SOMERSET COUNTY, DORCHESTER COUNTY, WORCESTER COUNTY, WICOMICO COUNTY, CAROLINE COUNTY, KENT COUNTY, TALBOT COUNTY AND QUEEN ANNE'S COUNTY.

CENTRAL DISTRICT: BALTIMORE CITY, BALTIMORE COUNTY AND HARFORD COUNTY.

SOUTHERN DISTRICT: CHARLES COUNTY, ANNE ARUNDEL COUNTY, CALVERT COUNTY, ST. MARY'S COUNTY AND HOWARD COUNTY.

SOUTH CENTRAL DISTRICT: PRINCE GEORGE'S COUNTY AND MONTGOMERY COUNTY.

THE COUNCILORS SHALL BE ELECTED AS FOLLOWS: NINE MEMBERS FROM THE CENTRAL DISTRICT AND TWO—2—FROM EACH OF THE OTHER FOUR DISTRICTS. THE NINE COUNCILORS FROM THE CENTRAL DISTRICT SHALL INCLUDE EIGHT—8—FROM BALTIMORE CITY AND ONE—1—FROM EITHER BALTIMORE COUNTY OR HARFORD COUNTY.

5. Committee on Finance and Budget.

Explanation: In compliance with action of the House of Delegates at the April 16, 1958 meeting.

ARTICLE XI. *Funds and Expenses. Section 3.*

Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of (eight—8) NINE—9—members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary, THE CHAIRMAN OF THE PLANNING COMMITTEE, and four—4—additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

It shall also be the duty of this Committee to prepare the Annual Budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. THE BUDGET SHALL ALSO BE PRESENTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

BY-LAWS¹Membership.² New Section.

Explanation: Transferred to a new Section for clarification of privileges of physicians on the resident staff of a hospital or fellowship.

Chapter I. Membership.

Section 1. This Faculty shall consist of Active Members, SPECIAL MEMBERS, Associate Members, Emeritus Members, Fifty Year Members, Nonresident Members and Honorary Members.

Section 2. *The Active Members* of this Faculty shall be Active Members of the Component Medical Societies.

SECTION 3. SPECIAL MEMBERS SHALL BE PHYSICIANS ON THE RESIDENT STAFF OF A HOSPITAL OR FELLOWSHIP AND NOT IN PRIVATE PRACTICE. THEY SHALL HAVE ALL THE RIGHTS OF ACTIVE MEMBERS EXCEPT TO VOTE AND HOLD OFFICE.

RENUMBER ALL SECTIONS OF THIS CHAPTER AS MADE NECESSARY BY THIS AMENDMENT (SECTION 3).

Chapter II.³ Dues and Assessments.

Section 1. *Active Members.* Funds shall be raised by per capita dues and assessments to be paid by every member of the Component Societies. The amount of the dues shall be

\$50.00 per capita (per annum) PER YEAR for active members of the Component Societies, with the following exceptions:

a. In the Component Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$15.00 per capita (per annum) PER YEAR; for the second year, \$25.00; and the third year and thereafter, \$50.00.

(b. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.)

Section 2, see below, takes the place of this paragraph.

(c) B. The dues of a licensed physician in Maryland who holds an academic position on a strict full-time salary basis, other than as a fellow or house officer, shall be \$10.00 (per annum) PER YEAR as long as he holds a rank below that of an associate professor, and he shall not be liable for assessment.

The per capita dues and assessments are to be included in annual dues of the individual member as paid to his component society; and any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues and assessments have been paid in advance, prior to January thirty-first, of each current year will be eligible for the provisions of Physicians' Defense AS PROVIDED IN CHAPTER VIII, SECTION 5 OF THE BY-LAWS.

SECTION 2.⁴ SPECIAL MEMBERS. SPECIAL MEMBERS AS DEFINED IN CHAPTER I, SECTION 3 SHALL PAY DUES OF \$2.50 PER YEAR AND THEY SHALL NOT BE LIABLE FOR ASSESSMENT.

Section (2) 3. *Associate Members.* The annual dues for associate members shall be \$15.00 per year, and shall be payable January 31, in advance, with the following exceptions:

a. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership (in either the Baltimore City Medical Society or the County Medical Societies) shall be \$2.50 PER YEAR and he shall not be liable for assessment.

b. The Treasurer of the Baltimore City Dental Society shall pay to the Treasurer of the Medical and Chirurgical Faculty each year the sum of \$3.00 as annual dues for each of its members who shall be designated as associate members. The Treasurer of the Baltimore City Dental Society shall also pay annually to the Medical and Chirurgical Faculty the sum of \$50.00 for the purchase of dental books and journals.

Section (3) 4. *Affiliate Members.* The annual dues for affiliate members shall be \$10.00 per year, and shall be payable January 31, in advance, and shall not be liable for assessment.

Section (4) 5. *Nonresident Members* shall pay \$5.00 dues (per annum) PER YEAR directly to the Treasurer and shall receive all notices and publications.

Section (5) 6. The fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

In regard to Finance and Budget.

Explanation: To conform with Article XI of Constitution and By-Laws, in compliance with the action of the House of Delegates at the April 16, 1958 meeting.

¹ These By-Laws may be amended at any Semiannual Meeting by a majority vote of all the delegates present at that session, providing the amendment has been sent officially to all the delegates at least 30 days prior to the Semiannual Meeting.

^{2, 3, 4} See minutes of September 12, 1958, House of Delegates, pages 426-28, as these amendments were not presented by Dr. Firor.

Chapter VIII. Committee on Finance and Budget. Section 7.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council. It shall consist of (eight—8—) NINE—9—members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, who shall also be the Chairman of the Committee, the Secretary, THE CHAIRMAN OF THE PLANNING COMMITTEE, and four—4—additional members of the Faculty appointed by the Chairman of the Council.

The control of funds, investments and expenditures of the Faculty shall be vested in the Committee on Finance and Budget.

It shall likewise be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. THE BUDGET SHALL ALSO BE PRESENTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

Section of Nominating Committee

Explanation: To have more wide-spread representation of the membership on this Committee.

Chapter IX. Nominating Committee. Section 5.

The Nominating Committee shall consist of (the two most recent living Past Presidents, the Senior of whom shall be the Chairman, and three members to be elected by the House of Delegates at the Semiannual Meeting.) SEVEN—7—MEMBERS. THE IMMEDIATE PAST PRESIDENT SHALL BE THE CHAIRMAN AND THE PRESIDENT SHALL APPOINT ONE MEMBER FROM EACH OF THE FIVE DISTRICTS AND ONE AT LARGE. NO MEMBER OF THE NOMINATING COMMITTEE MAY SERVE MORE OFTEN THAN EVERY FIVE—5—YEARS UNLESS DEATH OF RESIGNATION MAKES NECESSARY THE IMMEDIATELY PRECEDING PAST PRESIDENT SERVING AGAIN. (REMAINDER OF THIS SECTION IS THE SAME.)

Resolution

RESOLVED, that the members of the Council and the Committees whose terms of office would expire on December 31st under the provisions of the Constitution and Bylaws prior to the proposed amendments thereto shall now continue to serve until the conclusion of the next Annual Meeting in conformity with the proposed changes in the Constitution and By-Laws.

ENABLING ACT

Procedure for appointment of Nominating Committee for this year to elect 1960 officers, etc.

RESOLVED, That the 1958 Nominating Committee shall be appointed as provided in the amendment presented in the report of September 1958 of the Committee on Constitution and Bylaws, Chapter IX, Section 5, which reads as follows: "The Nominating Committee shall consist of seven (7) members. The Immediate Past President shall be the Chairman and the President shall

appoint one member from each of the five districts, and one at large. No member of the Nominating Committee may serve more often than every five (5) years unless death or resignation makes necessary the immediately preceding Past President serving more often."

Respectfully submitted,
WHITMER B. FIROR, M.D., *Chairman*
E. COWLES ANDRUS, M.D.
LEO BRADY, M.D.
WALDO B. MOYERS, M.D.

MEDICAL SOCIETY REPRESENTATIVES ON THE BOARD OF TRUSTEES OF MARYLAND MEDICAL SERVICE, INC. IN REGARD TO HOUSE OF DELEGATES RESOLUTION OF APRIL 18, 1958

Mr. President and Members of the House of Delegates:

A resolution, dated April 18, 1958, of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland, directed its representatives on the Board of Trustees of Maryland Medical Service, Inc. to investigate:

- (1) "Methods and procedures whereby comprehensive coverage for x-ray diagnosis and medical diagnostic services generally can be provided not only in the hospitals but also in the physician's office, and
- (2) Methods and procedures for removing the benefits for x-ray diagnosis and medical diagnostic services generally from the Blue Cross or Hospital Plan and placing them in the Blue Shield or Physicians' Plan."

In compliance with this resolution the representatives met on July 9, 1958 at which time they were informed by Mr. R. H. Dabney, Director of both the Blue Cross and Blue Shield Plans, that a considerable amount of preliminary work had already been done toward the development of a program for the provision of diagnostic services to non-hospitalized patients. The exact scope of the program and its precise fee schedule must be determined before accurate cost estimates can be made. This study is continuing and I am informed that it will be several more weeks before any concrete proposals can be made.

I am also in receipt of a statement from the Board of Directors of Blue Cross concerning this resolution. This statement, which was adopted by the Blue Cross Board at a meeting on September 9, 1958, is as follows:

"The Board of Directors of Maryland Hospital Service (Blue Cross) has considered the resolution in re Blue Cross adopted by the House of Delegates of the Medical and Chirurgical Faculty of Maryland at its April 1958 meeting, as submitted by the Committee to Confer with Insurance Carriers in Regard to Problems of Specialties—Radiology, Pathology, and Anesthesiology.

This resolution directs the medical representatives of the Board of Trustees of Maryland Medical Service to investigate:

- (1) Methods and procedures whereby comprehensive coverage for x-ray diagnosis and medical diagnostic services generally can be provided not only in the hospitals but also in the physician's office, and
- (2) Methods and procedures for removing the benefits for x-ray diagnosis and medical diagnostic services generally from the Blue Cross or Hospital Plan and placing them in the Blue Shield or Physicians' Plan.

With respect to the first part of this resolution (1), the State Insurance Commissioner, in his decision of July 17, 1958 in the matter of the filing of Maryland Hospital Service, Inc., requested that Blue Cross expedite its consideration of a program to provide coverage for x-ray and laboratory examinations for subscribers not hospitalized as in-patients, and further requested Blue Cross to submit a proposal to him on or before January 1, 1959. In accordance with this request, the Blue Cross staff is currently undertaking studies to determine how benefits for such diagnostic services can best be provided to the subscribing public at the lowest cost. Blue Cross will work with its companion Plan, Blue Shield, in the development of a program for coverage of these services for subscribers not hospitalized as in-patients, i.e., when the services are rendered in hospital out-patient departments and in physicians' offices.

With respect to the second part of the resolution (2), Blue Cross does not consider it advisable or in the public interest to change its present program of coverage in hospitals for x-ray and other diagnostic services. We are firmly of the belief that more comprehensive benefits at the lowest cost can be achieved under the present arrangements of providing for these services to patients who receive them in hospitals."

The Blue Shield Board of Trustees will meet in the very near future, at which time it will give further consideration to this entire matter. The Society will continue to be advised of all pertinent developments.

Respectfully submitted,
JOHN E. SAVAGE, M.D., President
Maryland Medical Service, Inc.

RESOLUTIONS COMMITTEE

Mr. President and Members of the House of Delegates:

The Resolutions Committee met on August 21, 1958, at 8:00 p.m., at the Medical and Chirurgical Faculty Building. The following members were present: Dr. E. I. Cornbrooks, Jr.; Dr. Melvin B. Davis; Dr. J. Sheldon Eastland; Dr. Everett S. Diggs; and Dr. Robert vL. Campbell, Chairman.

The following report is submitted:

RESOLUTION

Submitted by Dr. Samuel Morrison

In re: Accreditation of Hospitals

WHEREAS, the Medical and Chirurgical Faculty of the State of Maryland seeks to further the primary function and chief responsibility of hospitals in the State of Maryland so as to permit them to achieve greater efficiency in the care of patients and training of house officers; and

WHEREAS, the Faculty believes that there should be no derogation of these two aims; and

WHEREAS, it is the sense of the Faculty that these objectives can be accomplished by a realistic approach to hospital accreditation with due weight and regard to factors of regional significance and the experience, opinions and findings of local medical societies; and

WHEREAS, the incidents of accreditation presently require the physician to divert time and attention from patient care in order to attend local and routine gatherings to the exclusion of

City, State and National meetings; prepare schedules, charts, notes and other record minutiae and attend unnecessary hospital staff meetings and conferences; and

WHEREAS, the demands of accreditation force a smaller hospital to affiliate with a larger institution which usurps the trained personnel of the affiliate; and

WHEREAS, subspecialties are overemphasized at the expense of in- and out-patient examinations and floating and absentee residencies are encouraged; and

WHEREAS, the existing practices of accreditation limit the physicians' opportunity to visit various hospitals, thus depriving them of an important aspect of the educational process and the opportunity of broadening experience; discourages diversification of hospitals—large, small, medical school and non-medical school; prevents the hospitals from retaining and developing the character and individuality desirable if competent interns and personnel are to be attracted to it; and

WHEREAS, hospital status and value should be determined by criteria other than mere standardization, conformity, number of publications or amount of research, and

Essentially the same resolution, submitted by Dr. Samuel Morrison, was approved unanimously by the Baltimore City Medical Society, and is referred to the Medical and Chirurgical Faculty for consideration at the State level.

WHEREAS, the present methods of accreditation favor the large endowed institutions which are apt to become embroiled in differences of opinions on medical policies to a greater degree than smaller hospitals; and

WHEREAS, the requirements of accreditation tend to reduce the number of available beds by making it difficult if not impossible for the small institution to exist and results in the reservation of available beds to a limited number of physicians thereby depriving others of semi-private privileges while circumscribing or denying staff privileges and dictating the conditions of hospital attendance and staff affiliation; and

** WHEREAS, the procedures of accreditation have made the procurement of internes difficult; have caused undesirable competition between hospitals for available personnel; have raided small hospital staffs through affiliation and have resulted in internes becoming generally unavailable when called because of affiliate duty or attendance at courses or lectures; and*

WHEREAS, requests to the Commission on Accreditation of Hospitals for accreditation and assistance with problems incident thereto result in long delays, in little tangible aid and frequently merely lead to onerous demands,

NOW, THEREFORE, be it resolved that:

1. The Medical and Chirurgical Faculty of the State of Maryland, based on its collective experience and study, hereby makes a finding of fact that the presently existing methods of approving and disapproving hospitals for accreditation adversely affects the potentialities and effectiveness of such institutions generally and the resident, interne and visiting physicians associated with such hospitals specifically;

* 2. The Commission on Accreditation of Hospitals review and reconsider its objectives and its procedures and evaluation methods in achieving such objectives;

* See minutes of September 12, 1958, House of Delegates for changes in these paragraphs. (Pages 429-30.)

3. The opinions and findings of local medical societies be given more weight in appraising hospital facilities and services for accreditation.

* I move the adoption of this Resolution by the Medical and Chirurgical Faculty of the State of Maryland and further that the Secretary be instructed to transmit copies of this Resolution to the several State Medical Societies for their information and appropriate action, such appropriate action to include the forwarding of similar resolutions in democratic action to the Joint Commission on Accreditation for its information and guidance.

The above resolution was discussed. The opinions of Dr. Samuel Morrison, Dr. O. C. Brantigan, and Dr. Whitmer B. Firor were considered. The report of the State Medical Society's Liaison Committee on Accreditation of Hospitals was also read and discussed. It was the opinion of the Resolutions Committee that the last paragraph of the resolution should be altered as follows: "I move the adoption of this resolution by the Medical and Chirurgical Faculty of the State of Maryland and further that the Secretary be instructed to transmit copies of this resolution to ALL COMPONENT SOCIETIES OF THE AMERICAN MEDICAL ASSOCIATION FOR THEIR INFORMATION AND APPROPRIATE ACTION AND THAT THIS RESOLUTION BE PLACED IN THE HANDS OF THE MEDICAL AND CHIRURGICAL FACULTY'S LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS FOR IMPLEMENTATION."

By the above-mentioned changes, we are attempting to put into the hands of an experienced and effective committee of our society, the concepts expressed in this resolution and allowing them to implement them through proper channels.

The above-mentioned changes have the approval of Dr. Samuel Morrison, author of the resolution. Our committee approves this resolution as amended.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

NOTE: IF THE ABOVE MOTION IS SECONDED AND CARRIED, THE RESOLUTION IS PASSED AS AMENDED. A VOTE AYE, THEREFORE, IS FOR THE COMMITTEE REPORT AND FOR THE RESOLUTION; AND FURTHER ACTION OF THE RESOLUTION IS NOT NECESSARY.

IF YOU VOTE NO, YOU ARE VOTING AGAINST THE COMMITTEE REPORT. THE PRESIDENT WILL THEN IMMEDIATELY ENTERTAIN A MOTION TO RE-SUBMIT THE ORIGINAL RESOLUTION IN ITS ORIGINAL FORM

RESOLUTION

Submitted by the Montgomery County Medical Society

In re: Standing Committees to be known as Health and Welfare Committees of the Senate and House of the General Assembly of Maryland

WHEREAS: The Federal Government has seen fit to create a Department of Health, Education and Welfare for the reason that these fields have become more and more important and more and more closely interrelated in our modern society.

AND WHEREAS: rapidly advancing medical and social research are making the fields of Health and Welfare increasingly

complex to the point where it is difficult even for those persons intimately associated with these problems to keep abreast of new developments and to properly understand them fully,

AND WHEREAS: the State of Maryland ranks eleventh in per capita income in the United States according to the U. S. Department of Commerce,

AND WHEREAS: our State along with Virginia ranks lowest of all the forty-eight in percentage of funds allocated to public welfare, this figure being 5.5% in 1956 (while the national average was 14.2% with Colorado and Missouri spending 31.4% and 29.8% respectively.

AND WHEREAS: approximately 25% of the total State budget is allocated to Education, which has its own standing committee in the House of Delegates while approximately 17% is allocated to the equally important functions of Public Health and Welfare, which departments are without the benefit of such standing committees,

AND WHEREAS: in every session of the General Assembly, legislative proposals which relate to mental health, medical care, medical practices and the support of the State's needy are referred to various standing and special committees whose primary interests are all in other fields,

THEREFORE BE IT RESOLVED: that the Medical and Chirurgical Faculty of the State of Maryland strongly urges the House of Delegates of the State of Maryland and the Maryland State Senate through the Legislative Council to create new standing committees to be known as the Health and Welfare Committees of the Senate and of the House, which committees would be charged with the responsibility of considering legislation pertaining to matters of health and welfare,

AND BE IT FURTHER RESOLVED: that the Medical and Chirurgical Faculty of the State of Maryland earnestly requests that if such committees are created that the Speaker of the House and the President of the Senate in choosing the chairman and members of these committees consider carefully the qualifications and interests of the appointees in order to insure an informed evaluation of these highly complex and far-reaching legislative matters.

This resolution was discussed at great length at our meeting. It seems logical to assume that a matter as important as legislation relative to the health of the people of our state would warrant a separate committee. The effectiveness of this committee naturally will be dependent upon the opinions of its individual members. They could be contrary to our own ideals or proponents of our ideals. This is a gamble which we would take. Certainly, it would be presumptuous of us to dictate individuals who should make up this committee. At least their decisions would be subject to the democratic vote of the House and Senate, and we would have as much access to them in discussions as our opponents would. It is possible the Legislature, which has been attempting to numerically reduce the number of its committees, might look with disfavor upon this suggestion. What the resolution in effect asks is that all health matters be handled by one group dedicated to that subject.

Our Committee approves this resolution.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

NOTE: IF THE ABOVE MOTION IS SECONDED AND CARRIED, THE RESOLUTION IS PASSED AS

SUBMITTED. A VOTE AYE, THEREFORE, IS FOR THE COMMITTEE REPORT AND FOR THE RESOLUTION; AND FURTHER ACTION ON THE RESOLUTION IS NOT NECESSARY.

IF YOU VOTE NO, YOU ARE VOTING AGAINST THE COMMITTEE REPORT. THE PRESIDENT WILL THEN IMMEDIATELY ENTERTAIN A MOTION TO RE-SUBMIT THE ORIGINAL RESOLUTION.

RESOLUTION

Submitted by the Maryland Society of Pathologists

In re: Laboratory Facilities

WHEREAS, the Committee to confer with the State Health Department and the House of Delegates of the Medical and Chirurgical on September 16, 1955 at Ocean City recommend the following:

Due to the ill use of certain laboratory facilities, namely; The examination of blood and urine specimens for clinical purposes, when there are private laboratory facilities available for doing the same, the Advisory Committee to the State Department of Health recommends that the State Health Department Laboratory and its branches accept blood and urine specimens to be examined for clinical purposes only from the State Clinics, the certified medical indigent, and those certified by their private physicians to be eligible for such services, and

WHEREAS, rendering of such laboratory service is engaging in the practice of medicine beyond the usual confines of public health responsibility and,

WHEREAS, the State Health Department, in its statement prepared on March 3, 1958 in paragraph 3 of page 2 has stated "It is totally unrealistic for Health Departments to live in the past and to continue to spend large amounts of public funds, time and energy on the control of infectious diseases when these have been brought under control where illnesses and death from many are extremely low..." and,

WHEREAS, surveys conducted by the Maryland Society of Pathologists in 1958 has demonstrated that there are ample private practicing pathologists and laboratory facilities to conduct the number of laboratory determinations considered to be necessary by the State Health Department in their statement of March 3, 1958 and;

WHEREAS, the State Bureau of Laboratories has increased its volume of laboratory work from 26,225 determinations in 1944 to 281,513 clinical pathologic procedures in 1956 exclusive of diagnostic bacteriology, sanitary bacteriology and chemistry and Rh typing and 22,000 cytologic cases for cancer detection in the same year, all of these procedures being rendered as free services and being outside of the generally accepted scope of public health laboratory work,

THEREFORE, be it resolved that this House of Delegates of the Medical and Chirurgical Faculty recommends to the State Board of Health and the State Health Department that they curtail the activities of the laboratory facilities in fields other than infectious, contagious disease and, specifically, they restrict all other services to patients declared indigent and medically indigent under the Medical Care Program of this State.

In our discussion, it was noted that, in 1956, a similar resolution was passed by our House of Delegates. It was felt

by our Committee that the resolution should be changed to protect those areas where no private laboratory facilities are available and that the problem would be greatly lessened if physicians in our State were educated to the fact that referrals of patients with ability to pay be made only to private facilities and not to State Health Department Laboratories.

It is inconsistent for many of us to criticize the Health Department for making inroads into the private practice of medicine and then to refer patients to them who have the ability to pay. Actually, no laboratory procedure done at the State Health Department facilities is "free." These facilities are tax supported. Private laboratories should be encouraged to absorb the cost of procedures done on cases where financial hardship is a factor.

Dr. Prather was contacted by phone and asked to submit to our Committee what evidence he might have relative to his attempts to implement the similar resolution which was passed in 1956. A "Physicians' Guide to the Use of the Laboratory" dated August, 1957, published by the Bureau of Laboratories of the Maryland State Department of Health contains the statement as follows:

"Bioanalytical (clinical) Tests"

The State Board of Health (January 20, 1956) approved a policy of encouraging physicians to use private laboratory facilities whenever possible for this type of laboratory work. However, the Bureau of Laboratories shall accept specimens—

- (a) from all patients covered by the State medical care program,
- (b) from those involved in health department programs, and
- (c) from patients for whom some specialized test is required which is not otherwise available; in emergency cases and where laboratory services are not readily available except from Health Department laboratories."

Several letters regarding the Cancer Cytology Moratorium, dated December, 1956, and June, 1957, were included. The letters regarding the Moratorium on Cytology encourage the use of private facilities, not primarily due to a change in policy of the State Health Department, but to a tremendous backlog of work. It seems obvious that the State Health Department has not prohibited the use of their facilities to private patients as the result of the resolution passed in 1956. In all fairness, this might be difficult for them to accomplish.

Ideally, if no physician referred pay cases to Health Department facilities, the problem would be non-existent. The fault, therefore, is largely ours.

Passage of this resolution is recommended, even though it is a duplication of a previous one; because it re-affirms our attitude. The following changes in wording are recommended:

Paragraph 5, line 2, the word "has" be changed to "HAVE" and that following the last sentence, the phrase "WHERE PRIVATE FACILITIES ARE AVAILABLE" be added.

The following paragraph is also suggested:

"THEREFORE, BE IT ALSO RESOLVED THAT PHYSICIANS IN MARYLAND BE URGED TO EVALUATE ALL REFERRALS TO STATE HEALTH DEPARTMENT LABORATORIES TO INSURE THOSE ABLE TO PAY ARE REFERRED TO PRIVATE LABORATORY FACILITIES WHERE AVAILABLE."

The above changes have the approval of the Maryland Society of Pathologists. Our committee approves this resolution as amended.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

NOTE: IF THE ABOVE MOTION IS SECONDED AND CARRIED, THE RESOLUTION IS PASSED AS AMENDED. A VOTE *A YE*, THEREFORE, IS FOR THE COMMITTEE REPORT AND FOR THE RESOLUTION; AND FURTHER ACTION ON THE RESOLUTION IS NOT NECESSARY.

IF YOU VOTE *NO*, YOU ARE VOTING *AGAINST* THE COMMITTEE REPORT. THE PRESIDENT WILL THEN IMMEDIATELY ENTERTAIN A MOTION TO RE-SUBMIT THE ORIGINAL RESOLUTION IN ITS ORIGINAL FORM.

RESOLUTION

(Mailed to Delegates—see following for re-worded Resolution.)

Submitted by the Washington County Medical Society

In re: Certain inequities in BC/BS payments to Physicians of Washington County

WHEREAS, it is necessary for a private physician to assist during surgical procedures and the practice of a set fee of \$15.00, regardless of length of or difficulty of operation,

WHEREAS, the practice of requiring a signed receipt to BC office before patient can receive payment for E. K. G. service performed by a private physician in Washington County,

WHEREAS, the non-payment of emergency services performed by a physician in the Hospital emergency room, unless a suture is used or actual surgery is performed,

THEREFORE, be it resolved that these matters be referred to the Board of Trustees of the Blue Cross and Blue Shield.

RESOLUTION

(Re-worded)

Submitted by the Washington County Medical Society

In re: Certain inequities in Blue Cross/Blue Shield payments to Physicians of Washington County

WHEREAS, since no internes are available in our hospital, private physicians must assist during surgical procedures. The allowed surgical assistance fee of \$15. is inadequate remuneration for the loss of time in involved and long procedures; and

WHEREAS, electrocardiograms are performed by local physicians rather than as a hospital service in our hospital; a receipt signed by the physician must be submitted by the patient to the Blue Cross office before payment will be made for services rendered, resulting in frequent non-payment because of the involved procedures required; and

WHEREAS, no payment is allowed for services performed by a physician in the hospital emergency room for emergency cases unless a suture or actual surgery is performed; and

WHEREAS, attempts on a local basis to solve the above problems have failed,

NOW, THEREFORE, BE IT RESOLVED that these matters be referred to the Board of Trustees of the Blue Cross and Blue Shield to discuss possible solutions.

Our committee recommends approval of this resolution.

This resolution has been completely re-worded, with the permission of the donor, and bears little similarity in wording to the original copy sent to Delegates and Component Societies. Since the changes were so numerous, it seemed simpler to have the entire resolution re-written.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

NOTE: IF THE ABOVE MOTION IS SECONDED AND CARRIED, THE RESOLUTION IS PASSED AS RE-WITTEN. A VOTE *A YE*, THEREFORE, IS FOR THE COMMITTEE REPORT AND FOR THE RESOLUTION; AND FURTHER ACTION ON THE RESOLUTION IS NOT NECESSARY.

IF YOU VOTE *NO*, YOU ARE VOTING *AGAINST* THE COMMITTEE REPORT. THE PRESIDENT WILL THEN IMMEDIATELY ENTERTAIN A MOTION TO RE-SUBMIT THE ORIGINAL RESOLUTION.

The resolution submitted by the Board of Medical Examiners of Maryland was withdrawn.

I move the adoption of this report in its entirety.

Respectfully submitted,

ROBERT VANL. CAMPBELL, *Chairman*

M. MCKENDREE BOYER

ERNEST I. CORNBROOKS, JR.

MELVIN B. DAVIS

ROBERT W. FARR

RESOLUTION

Introduced to House of Delegates by Dr. Leo Brady,
Chairman of the Council

In re: Extension of Services under Blue Cross Coverage

BE IT RESOLVED, that the Medical and Chirurgical Faculty of the State of Maryland opposes the extension of diagnostic medical services in out-patient clinics of hospitals under Blue Cross coverage; and

BE IT FURTHER RESOLVED, that copies of this resolution be sent to all Class A Members of the Maryland Medical Service, Inc., appointed by the Medical and Chirurgical Faculty of Maryland; to all Corporate Members of the Maryland Hospital Service, Inc., appointed by the Medical and Chirurgical Faculty of Maryland; to the Maryland Medical Service, Inc.; Maryland Hospital Service, Inc.; The Hospital Council, Inc.; the Administrators of Hospitals in Maryland; and to the Presidents and Secretaries of the Component Medical Societies of the Medical and Chirurgical Faculty.

Dr. Brady explained the background behind the introduction of this resolution, stating that the Insurance Commissioner, as a result of the hearings held on an increase in the premium rate for Blue Cross, had suggested the possibility of extending Blue Cross coverage to out-patients in the hospital and outside of the hospital. This resolution, he stated, was merely that the Faculty is opposed to the extension of Blue Cross to cover services for out-patients in hospitals.

ACTION: Motion. Dr. W. B. Firor moved that the action of the Council be approved by adopting this resolution.

Dr. A. E. Goldstein seconded this motion.

Dr. Diggs emphasized that the Faculty was not trying to curtail services, but that it felt the services of a diagnostic coverage should not be obtained through Blue Cross coverage, but through Blue Shield coverage.

Mr. Dabney, Director of the Maryland Hospital Service, Inc., was granted the privilege of the floor, and explained that the present trend was for additional coverage in the shape of diagnostic services, principally x-ray and laboratory, to be given when a patient is not hospitalized as an in-patient. Normally, these benefits are written so that they may be obtained either in a physician's office or in a hospital out-patient department. Mr. Dabney stated that his interpretation was that the intent of this resolution is that total benefits be provided under Blue Shield, whether they are obtained in hospital out-patient departments or in the physician's office.

Dr. Brady confirmed that this was the intent of the resolution.

Other discussion took place, suggesting that several "whereases" be inserted at the front of the resolution, as well as discussion as to how services were to be ordered under such a plan.

ACTION: Motion Adopted. On putting the motion to a vote, there was some confusion on a verbal answer and a show of hands was called for. The motion was carried.

REPORT OF THE COMMITTEE ON HOSPITAL ACCREDITATION, RESIDENCY AND INTERNSHIP APPROVAL

Mr. President and Members of the House of Delegates:

Your Committee on Hospital Accreditation, Residency and Internship Approval has held several meetings during the past year. Many matters were considered. We wish to submit a three part report with recommendations.

Part I. Concerning the Residency Review Committee in Internal Medicine.

Part II: Concerning the Dr. Samuel Morrison Resolution.

Part III: Concerning your Committee on Hospital Accreditation, Residency and Internship Approval.

PART I

Concerning Residency Review Committee in Internal Medicine.

Your Committee has held several meetings during the past year at which it considered and discussed complaints which had been submitted by the heads of services of some of the smaller hospitals in Maryland in reference to actions taken by some of the national accrediting bodies which had affected their respective institutions. Some of these complaints were submitted in writing and in other instances representatives of the hospitals appeared in person before the Committee to present their views.

Nearly all of the complaints were concerned with the matter of accreditation for residency training in Internal Medicine, and the following summary of the complaints which have been received relates therefore to accreditation in that field only:

1. One frequent source of complaints has been to the effect that the requirements for approval of residency training

in Internal Medicine have not been stated with sufficient specificity in relation to the number of cases, both in-patients and out-patients, that are considered to be necessary for approval.

2. Inspections of medical services have in some instances been carried out in too short a period of time to be thorough.

3. Too long a period of time has in some instances been allowed to lapse between the inspection and the date of rendering the decision. In one hospital in Baltimore this delay amounted to more than eight months.

4. What appears to be a recent tendency on the part of the Residency Review Committee on Internal Medicine to abandon the one-year and two-year programs works an unnecessary hardship on the smaller hospitals some of which, while unable to meet the requirements of a full three-year program, nevertheless may be able to carry out a successful one or two-year program.

5. More than one medical chief pointed out that the present advocacy of the affiliation of smaller hospitals with larger ones whereby a resident may spend his entire working day five days a week in the larger hospital, while advantageous to that hospital and presumably to the resident also, places a heavy burden on the smaller hospital and may easily lead to inadequate coverage of its patient-personnel. So long as affiliation remains on a voluntary basis, it may be desirable, but should not be required for approval by the Residency Review Committee in Internal Medicine.

In addition to the five specific complaints submitted, the Committee wishes to present two suggestions which it thinks might well be offered to the Council on Medical Education and Hospitals of the American Medical Association for consideration by that body. These are as follows:

A. That in considering the approval or disapproval of a given program of residency training particular attention be paid to the trend which the program is showing, that is, whether it is exhibiting signs of improvement or the reverse.

B. That the Council on Medical Education and Hospitals try to obtain from any hospital that has been inspected a statement as to what the hospital authorities themselves think of the adequacy of the inspection which the institution has received. This suggestion might be carried out without too much trouble for all concerned by submitting to the hospital administrator a questionnaire which contained pertinent items designed to bring out whether or not the responsible authorities of the hospital considered the inspection to have been adequate or otherwise.

Recommendation

That the House of Delegates authorize the transmission to the Council on Medical Education and Hospitals of the American Medical Association and the Residency Review Committee in Internal Medicine the foregoing summary of the complaints received by the Committee (items 1 to 5 incl.), and the two suggestions (A and B) which the Committee has formulated.

PART II

Concerning the Dr. Samuel Morrison Resolution.

The Committee believes that Dr. Samuel Morrison resolution is directed toward the Joint Commission on Accreditation

of Hospitals, but it confuses by its criticism of functions that are the concern of the various residency review and conference committees. The resolution complains of certain issues settled by the House of Delegates of the American Medical Association in its report on Hospital Accreditation in 1956. Your Committee approves the meaning expressed in the Morrison Report.

After careful consideration and discussion the Committee on Hospital Accreditation, Residency and Internship Approval of the Medical and Chirurgical Faculty of the State of Maryland believes that the Samuel Morrison Resolution unwise on a procedural basis since the Medical and Chirurgical Faculty through its Committee has in the past and is at present making recommendations for correction of the problems presented by the Morrison Resolution. Further communication on the matter from another source from within the Medical and Chirurgical Faculty will create confusion.

PART III

Concerning the Committee on Hospital Accreditation, Residency and Internship Approval.

It is the belief that too few of the membership of the Medical and Chirurgical Faculty of the State of Maryland know of the activities of the Committee on Hospital Accreditation, Residency and Internship Approval. *The Committee recommends the following prepared statements be published in the Maryland State Medical Journal.*

Committee on Hospital Accreditation, Residency and Internship Approval of the Medical and Chirurgical Faculty of the State of Maryland

As a result of the Action taken at the April 1955 meeting of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland, a committee on Hospital Accreditation, Residency and Internship Approval was appointed. The Committee accepted its charge as an important assignment and dedicated itself to the assistance of any and all who wished to make use of its services. The first report of the Committee was accepted by the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland and sent to the House of Delegates of the American Medical Association in June 1956. It was also sent to the Joint Commission on Accreditation of Hospitals, the Council on Medical Education and Hospitals of the American Medical Association and to the various residency review and conference committees of all the American Specialty Boards. In essence, the report embraced the desire to maintain the highest possible hospital standards and the highest standards of Medical practice, patient care and house officer training, but believed the control and approval of these functions should be placed on a basis of competent inspection and impartial practical decisions. There should be set up a method for appeal from an adverse decision and when approval was not granted there should be designated in writing the deficiencies encountered. The involved hospitals should be given a reasonable time to correct deficiencies before approval was withdrawn. The Committee received answers from all the agencies to whom the report was submitted and without exception they all embraced the principles set forth.

The Committee is an active one and is anxious to give assistance to all who wish to make use of its services.

Respectfully submitted,
H. E. WILGIS, M.D., *Chairman*
ROBERT L. BAKER, M.D.
OTTO C. BRANTIGAN, M.D.
ALAN M. CHESNEY, M.D.
LEWIS P. GUNDRY, M.D.
HOWARD W. JONES, M.D.
LEWIS KRAUSE, M.D.
WALDO B. MOYERS, M.D.
STEDMAN W. SMITH, M.D.

REPORT OF THE MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM

Mr. President and Members of the House of Delegates:

The purpose of the Dependents' Medical Care Act (Public Law 569—84th Congress) was to create and maintain high morale throughout the uniformed services by providing an improved uniform program of medical care for members of the uniformed services and their dependents. Of particular significance to physicians in private practice is that section of the Law which is intended to provide the dependents of members of the uniformed services with care from civilian services. It was stated that the private physician participating in the program would receive the amount established in the local Schedule of Allowances, or his usual charge, whichever is less.

Statistical Review

The Medicare Program in Maryland was instituted on December 7, 1956, and has, therefore, been in operation for nearly two years.

In 1957 four thousand, two hundred and fourteen (4,214) cases were processed representing a three hundred and forty-two thousand, two hundred and eighty-nine dollar (\$342,289.00) volume. This covered an average of three hundred and fifty-one (351) cases per month with an average per service payment of eighty-one dollars and twenty-three cents (\$81.23) (including one or more physicians).

In the seven month period, ending July 31, 1958, three thousand, three hundred and thirty (3,330) cases were processed representing a two hundred and seventy-seven thousand, one hundred and fifty-three dollar (\$277,153.00) volume. This covered an average of four hundred and seventy-six (476) cases per month with an average per service payment of eighty-three dollars and twenty-two cents (\$83.22).

Medical Advisory Committee

The Advisory Committee reviewed one hundred and fourteen (114) cases and met five times in 1957. In the seven months of 1958 there were three meetings and sixty (60) cases were reviewed.

The experience of the Medical Advisory Committee for the Medicare Program, during the period of operation, has shown a maximum of cooperation between the physicians of Maryland, the Maryland Medical Service (Mr. Charles Rittler, Special Assistant), which has acted as administrator, and the

Office of Dependents Medical Care of the Army of the United States. One factor in the good relationship between the Advisory Committee and the physicians of Maryland would seem to be the policy of the Council of the Medical and Chirurgical Faculty in making Committee appointments according to the recommendation of the component or specialty group to be represented.

Renegotiation of Program

The Chairman of the Advisory Committee, acting as negotiator for Maryland under appointment by the Council, on August 5 and 6 carried out a renegotiation of the Schedule of Allowances as required by law. Changes in fee schedules were discussed in detail with representatives of the various medical groups prior to the negotiation and cleared with the same before the contract was signed.

In most respects the new contract differs very little from the old. Experience with the first two years of the plan had pointed out certain clear cut inadequacies which were adjusted. The Obstetrical Group chose an entirely new schedule replacing the trimester system with a fee for visit plan, and it is hoped that this plan will be more workable. This is important when one realizes that obstetrics count for nearly forty-three per cent (43%) of the total cost of the program. The new contract will go into effect on October 1, 1958.

Expected Curtailment of Services

It should be noted that the new contract was negotiated in an atmosphere demanding economy, and that concurrent with the negotiations a committee of Congress was recommending restrictions which were hoped to reduce the approximate ninety million dollar (\$90,000,000.00) cost of the program last year to roughly seventy million dollars (\$70,000,000.00).

Effective October 1, 1958 it will be required that all deliveries be made in service facilities if the mother is living with the husband either on or off the post. It is planned to increase the use of such facilities.

There will also be cutbacks in certain areas such as disallowing neonatal visits in physicians offices (this does not apply to neonatal visits in the hospital), and drastic limitation of coverage of even acute psychiatric disorders.

The letter of the law will be held to with respect to definition of "emergency surgery." This will preclude such items as tonsillectomy, cosmetic surgery, reconstructive surgery, and uncomplicated hernia.

Full details of these changes will be submitted to all practicing physicians on or before October 1, 1958.

Committee to Draft a Fee Schedule—Armed Forces Dependents Medical Care Act

I would like to express my appreciation to the Committee to Draft a Fee Schedule for its work in preparing a suggested list of fees for negotiating purposes. This Committee is composed of: Doctors Karl F. Mech, Chairman, C. Bernard Brack, Frank J. Brady, Webster H. Brown, Robert B. Conrad, George O. Eaton, Ralph G. Hills, W. R. Hodges, Jr., J. H. Mason Knox, III, Fred T. Kyper, Walter C. Merkel, S.

Edwin Muller, William D. Noble, John W. Parsons, John E. Savage, Alexander J. Schaffer, Byron D. White.

Respectfully submitted,
WILSON GRUBB, M.D., *Chairman*
JAMES MCC. FINNEY, M.D.
HERBERT N. GUNDERSHEIMER, M.D.
GUSTAV HIGHSTEIN, M.D.
JOHN H. HORNBAKER, M.D.
AMOS R. KOONTZ, M.D.
JOHN W. PARSONS, M.D.
JOHN M. SPENCE, M.D.
W. ROYCE HODGES, M.D.
ROGER S. WATERMAN, M.D.
ROBERT LEE BAKER, M.D.
STUART M. CHRISTILF, M.D.
JOHN DEAN WILSON, M.D.

NEW BUILDING COMMITTEE

Mr. President, Members of the House of Delegates:

Reporting on this I might say that for the past six months the Committee has had a number of meetings, and during these meetings we have met with bankers and architects, consultants of various types, and so forth. During the past six months we have made an investigation of our present Library, Medical and Chirurgical Faculty Building, and we have tried to determine how much Library space, which is of prime importance, we may need for the present. We have been able in the past few months to get rid of a number of double volumes, duplicate volumes of books that we had in our Library, and by doing this it has enabled us to have additional space for our Library, so much so that the additional space we have now will provide us with a sufficient booking space for the next three or four years. In other words, we have enough Library space there for the next three or four years.

The House of Delegates last year, if you remember, passed a motion that we should consider the erection of a new building for the Medical and Chirurgical Faculty. We have considered this and we have made application for space in Area 12. We have that space now on record for acceptance by this Committee, by the Committee of Urban Renewal, or Area 12, we might say. It has not been designated for anyone as yet, so we are keeping our application in, in the hopes that we will use that space of six acres.

The cost of the land we do not know as yet, but we do know that it has cost the State of Maryland, the City of Baltimore, \$160,000 an acre to demolish the buildings they had in Area 12. If we have to pay \$160,000 an acre and we need six acres, you can see that that runs into a million dollars, but we feel that we will not have to pay that amount of money for space. We have some figures which indicate it is possible we might obtain it for \$50,000 an acre approximately, which would still amount to \$300,000.

We have been collecting our money from the medical group in the State of Maryland, and of course, as you know, in 1948 when it started it was voluntary. The last three years we have been paying an assessment of \$10 and \$15 per year.

At the present time we have an amount to the extent of around \$153,000.

In meeting with bankers recently, with Mr. Kirkman and Dr. O'Donnell and Mr. Sargeant and various other members of the Committee, we find that we can obtain money, an amount of money, for improvement of our own building, if we can see it that way. But since a resolution has been passed by this House of Delegates to the extent of consideration of a new building, we are still considering the advisability of borrowing sufficient funds to put up a new building, and at that time of course we will have space for rental to physicians. That will involve some two or three millions of dollars, and we are not certain whether we want to go into that at the present time because money is very difficult to get today, and I personally as Chairman of the Committee would not want to feel at the present time that should I die tomorrow, there would be a group of you fellows cursing me out and calling me all sorts of names, "Why did that fellow Goldstein put us into that debt?" I don't want to be in that particular position.

We have, as I say, \$153,000. We are going to continue on and collect as we have done. We are getting good dividends on our money. It has been invested for us by Dr. Walter Graham, and we obtain now two or three thousand dollars every year as long as we have our money. The assessment has been going on for three years. We have seven more years to go, and by that time we will probably have about \$400,000.

Several informal discussions had been entered into with representatives of the City of Baltimore Urban Renewal Groups as well as the City Redevelopment Commission. Area 12 plans of the City include taking up to and including the west side of Cathedral Street but not the east side, where the Faculty Building is located. The City did not plan to enter into any more demolition of buildings but that "renewal" only of other areas would take place. Thus, if the Faculty Building were in good condition the building would be allowed to remain as it is. The only question is whether or not the building and property would be taken for use as a road. This question would be decided within the next few months and the City authorities have agreed to advise the Faculty as soon as a decision in this regard is reached. Mr. Sondheim is the Chairman of the committee, and we tried to obtain from him some information as to whether this Urban Renewal and Development will extend further than where it is at the present time.

As far as we know, they have a master plan which is called the Fremont-Cathedral plan. That is to take in the Urban Renewal from Fremont Avenue down to Cathedral. But as far as they know at the present time it will only involve the west side of Cathedral Street. We are on the east side of Cathedral Street, so that we might not be involved ultimately. If we are involved, they informed us, and there is a demolition of our building, we can only expect the amount of money we have invested in our own buildings, which 50 years ago was approximately \$90,000, the cost for the building, etc., and they claim that we probably could only expect \$90,000 from the City if they had to use our building.

So thinking on the basis of ten years hence, we are not certain whether we want to get into that at the present time.

If we can maintain our library at the present time and go along for three or four or five or six years, even go up to the seven years where we expect more money from the members, we will have approximately around \$400,000. They are going to give us a more definite and better report in about six months. Therefore I would say that I just would like to report at the present time progress, and I see no necessity at all for any action to be taken, Mr. President, on it. I will have a more complete report for you at our next meeting. Thank you.

Respectfully submitted,
ALBERT E. GOLDSTEIN, *Chairman*
JOHN W. PARSONS, *Treasurer*
JAMES G. ARNOLD, JR.
WILLIAM L. GARLICK
R. WALTER GRAHAM, JR.
MARIUS P. JOHNSON
CHARLES F. O'DONNELL
RICHARD W. TELINDE

REPORT OF THE COMMITTEE TO INVESTIGATE PROBLEM OF PRACTICING PHYSICIANS IN GOVERNMENT SERVICE

Mr. President and Members of the House of Delegates:

The question of physicians who work for the various U. S. Armed Forces or in Government Service and who do so-called "sundown" practice in their off-duty hours was raised at the special meeting of the House of Delegates held on February 26, 1958. This was referred to a committee to investigate this problem and ascertain if there was any way it could be stopped, if it is occurring, and to investigate the policies of the various governmental services in this respect.

Before the first meeting of the committee, the Chairman contacted by mail the following establishments to ascertain the regulations in connection with the practice of medicine by physicians on their off-duty hours:

1. National Institutes of Health, Bethesda
2. Fort George G. Meade Army Hospital

Both of these institutions advised that practice in off-duty hours would be permitted only on the request of the local medical authorities, commanding officers of the installations giving their permission, and when a "true emergency" existed such as a shortage of physicians to cover the civilian population.

The Committee members felt that two other installations were also involved in this matter:

- National Naval Medical Center, Bethesda
- Walter Reed Army Hospital, Bethesda

These were contacted and the reply from the Walter Reed Army Hospital was essentially the same as that from Fort George G. Meade. The Naval Medical Center reply, however, was noncommittal and it was decided to write to the Bureau of Medicine and Surgery of the U. S. Navy.

This reply, received at a later date, conveyed information to the same effect as the other replies received from the Army and the Department of Health, Education and Welfare.

Inasmuch as all of the installations involved have stated policy is to not permit physicians stationed at the installations

to practice medicine in their off-duty hours, it would appear that any violations of this regulation should be reported to the local commanding officer by the local medical society.

There was no problem with V. A. physicians or with the physicians from any other military installation in Maryland.

The Committee requests adoption of the above report and discharge of the Committee.

Respectfully submitted,
LEWIS P. GUNDRY, M.D., *Chairman*
E. I. CORNBROOKS, JR., M.D.
MERRILL M. CROSS, M.D.
W. L. ETIENNE, M.D.
THURSTON HARRISON, M.D.
JOHN O. ROBBER, M.D.
A. A. ROHRBAUGH, JR., M.D.

REPORT OF COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS

September, 1958

Mr. President and Members of the House of Delegates:

This Committee was instructed to obtain information on a group malpractice insurance policy for the members of the Medical and Chirurgical Faculty and to report to the Semi-annual Meeting of the House of Delegates in September.

The number of companies willing to write this type of insurance has been dwindling over recent years and it is not possible, at this time, to provide the members of the House of Delegates with any concrete information in this respect. It is anticipated, however, that by the time of the Annual Meeting in April, something definite in this regards will be available to report to the House.

In the meantime, the Committee has been investigating the possibility of a group life insurance policy for its members, as well as the possibility of a group health and accident insurance policy.

It is anticipated that a plan for group life insurance will be presented to the Council of the Faculty within the next few months, and the members accordingly circularized in this respect.

The Committee is cognizant of the lengthy delays in obtaining some concrete information for presentation to its members, but insurance policies generally are complex and difficult to analyze.

Respectfully submitted,
FRANK F. LUSBY, M.D.
J. TYLER BAKER, M.D.
M. MCKENDREE BOYER, M.D.
NORMAN B. COLE, M.D.
WOLCOTT L. ETIENNE, M.D.

REPORT OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

Meeting of June, 1958, San Francisco, California

Mr. President and Members of the House of Delegates:

UNITED MINE WORKERS

Several resolutions were introduced from various interested States in reference to the United Mine Workers Association

Welfare and Retirement Fund. These resolutions were critical of the Fund as it is now being administered. Furthermore, the sentiment of these resolutions indicated that the Fund was not being utilized for the best interests of patient-physician relationship. As a result of these resolutions the A.M.A. Headquarters Staff has been directed under supervision of the Board of Trustees to proceed immediately with the campaign which was originally ordered at Philadelphia last December, that no further delays will be tolerated and that the Council on Medical Service be relieved of any responsibility in this matter. The House of Delegates, by resolution, condemned the current attitude and method of operation of the U.M.W.A. Welfare and Retirement Fund as tending to lower the quality and availability of medical and hospital care to its beneficiaries. In order for the members of the House of Delegates of the Medical and Chirurgical Faculty, the Council and its officers, to understand this problem I would recommend to you for reading the attached copy, "Free Choice and the Medical Profession." (Not published in this Journal).

Although the U.M.W.A. is not a major factor in Maryland, nevertheless it does set a pattern of labor activity, and from that viewpoint should be of interest to all physicians.

PROBLEMS PERTAINING TO HOSPITALS, NURSING, ETC.

A number of resolutions referred to and studied by the Committee on Medical Education and Hospitals were approved.

(a) Compulsory assessments and audits by hospital Boards of Trustees:

"Whereas, The individual hospitals have continued to make compulsory assessments of members of the medical staff for building funds; and

"Whereas, Many hospitals have continued the practice of requiring audits of staff members' financial records as a requisite for continued staff appointment, and

"Whereas, The American Medical Association has had no recourse to protect the members from these practices, contrary to resolutions previously adopted by the House of Delegates of the American Medical Association condemning such practices; therefore be it

"Resolved, That the House of Delegates of the American Medical Association reiterate its position with regard to condemning these practices, and call these matters to the attention of the medical profession."

The Restrictive effect of Board certification on the practice of Medicine:

"Resolved, That the House of Delegates of the American Medical Association requests its representatives on the Joint Commission on Accreditation of Hospitals to exercise their influence to direct that Board certification not be used as the sole qualification for staff appointments in hospitals approved by the Commission."

The Reference Committee approved the intent of the following resolution and referred it to the Council on Medical Education: "That the House of Delegates of the American Medical Association take appropriate measures to investigate the feasibility of the use of senior medical students in clinical

clerkships in the place of first year interns in university hospitals."

A resolution was adopted calling for a study to be made to determine whether or not the growing practice by hospitals of encouraging staff members to conduct private office practice within or adjacent to the hospital is a major move toward the practice of medicine by hospitals.

The following resolution was adopted in reference to residents and payment of dues:

"Whereas, The present provisions of Chapter III, Section 4 of the By-Laws of the American Medical Association limit the exemption for residents from payment of dues to the period of five years following graduation; and

"Whereas, Such a limitation in time is inequitable and the exemption should be available to members entering residencies later than five years after graduation; therefore be it

"Resolved, That steps be taken to amend the By-Laws so as to eliminate the time limitation pertaining to such exemption."

(b) It was recommended that the hospital survey and construction program be continued, although its objectives should be redefined and certain changes made to render it more effective. Copies of the entire recommendation will be submitted to the Council of the Medical and Chirurgical Faculty for study and discussion as to distribution. It was recommended that each State Medical Association take steps to obtain adequate representation on its own state hospital advisory committee.

Nursing.

1. It was urged that the American Medical Association initiate continuing discussions with representatives of the American Nurses Association, National League of Nursing, the American Hospital Association, and all other interested groups to improve the quality and quantity of nurse training.

2. It was pointed out that there is a developing tendency in this country to reduce the operating room experience required in the curriculum for student nurses. It was also pointed out that this movement, if unchecked, may finally result in the complete elimination of all such experience for student nurses. This would be detrimental both to the nursing and medical profession, and during times of war and disaster a critical situation might develop.

The House of Delegates expressed the opinion that some operating experience is valuable training for all nurses.

SOCIAL SECURITY

The following resolution was adopted in reference to Social Security:

"Whereas, Proposals for the inclusion of self-employed physicians in the Social Security System have been made repeatedly and are now pending before Congress; and

"Whereas, The matter has been discussed several times before the A.M.A. House of Delegates and its reference committees, yet there remains the necessity of reiterating our position to members of Congress and to the general public that American physicians still strongly oppose being included in the Social Security System; and

"Whereas, American physicians always have stood on the principle of security through personal initiative; therefore be it

"Resolved, That the House of Delegates of the American Medical Association unequivocally opposes the compulsory inclusion of self-employed physicians in the Social Security System."

The House of Delegates also reaffirmed its opposition to Forand type legislation. At the same time, it heartily endorsed the Jenkins-Keogh Bill and recommends that members of Congress be requested to support this legislation.

VOLUNTARY HEALTH AGENCIES

The Reference Committee on Hygiene, Public Health and Industrial Health studied the problem of the voluntary health agencies and their campaign funds. As a result of the study made by this Committee, the following resolution was adopted:

"Whereas, These agencies have a fine record of contributions to health of the American people; and

"Whereas, The objectives of the principal voluntary health agencies are desirable; and

"Whereas, The House of Delegates in December 1957 expressed commendation of such agencies and adopted 'Suggested Guides to Relationship Between Medical Societies and Voluntary Health Agencies'; and

"Whereas, It is firmly believed that the continued usefulness of these organizations for their established purposes is wholly dependent upon them retaining their identities and independence; now therefore be it

"Resolved, That the House of Delegates of the AMA again reaffirms its commendation and approval of the principal voluntary health agencies; and be it further

"Resolved, That it is the conviction of the American Medical Association that these agencies should be free to continue to conduct their own campaigns of fund raising of public education to direct programs of research in their particular fields of interest without regimentation and bureaucratic control; and be it further

"Resolved, That this House of Delegates request that the American Medical Research Foundation take no action which would endanger the constructive activities of these voluntary health agencies."

VETERANS ADMINISTRATION

The following resolution was adopted in reference to service connected disabilities in Veterans Administration Hospitals.

"Whereas, According to special report 85-3 of the Washington Office of the AMA, the Federal Government spent \$619,614,000 on hospitalized medical care of veterans in VA hospitals in 1957 of which about 75 per cent had non-service connected disabilities; and

"Whereas, ways and means of obtaining economy in Federal government are allegedly being sought by Congress at this time; therefore be it

"Resolved, That the House of Delegates of the American Medical Association urge congressional action to restrict hospitalization of veterans at VA hospitals to those with service connected disabilities; and be it further

"Resolved, That the American Medical Association suggest to the Dean's committees that they restrict their activities to Veterans Administration hospitals admitting only patients with service-connected disabilities."

The problem of service members, e.g., Army, Navy, V.A., etc., was reviewed. The representatives of the Veterans Administration testified that full-time current personnel of the V.A. in all categories are forbidden to accept remuneration directly or indirectly from outside sources. This information should be disseminated particularly to the members of the Prince George's and Montgomery County Medical Societies. It is my impression that there has been some criticism in the past of service members in those areas carrying on part-time private practice, referred to as "Sundown Practice."

Among other things, it was brought out that the Membership Department did, in the past, give Service Membership precedence over all other classification of membership when a doctor entered the regular army or one of the reserve components. That procedure is no longer followed. Since January 1957, an active member of a constituent society is retained in that classification if that is his desire and if the rules and regulations of the constituent society permit it. The following resolution was adopted:

(a) That eligibility of full-time Veterans Administration personnel for service membership should be determined by strict adherence to the present provisions of *Division One, Chapter I, Section 2 of the By-Laws*. This Section requires certification by the Chief Medical Director of the Veterans Administration, rather than by the medical director or resident manager of any individual Veterans Administration hospital. Such strict adherence to the By-Laws will provide a reliable checklist for the use of the AMA Membership Department in the same manner as such lists are now provided by the Surgeons General of the Armed Forces;

(b) That the entire matter of service membership be re-referred to the Council on Constitution and By-Laws for further study with the request that the Council develop some alternative method of determining eligibility for service membership which will be equally applicable to all service memberships.

GERIATRICS

The report of the Council on Medical Service was adopted by the House of Delegates. Several features of this report should be emphasized:

A more effective program should be developed from the viewpoint of the aging. A suggested set of guides for medical society committees was adopted. Copies of this guide will be forwarded by the undersigned to the Committee on Geriatrics.

REGIONALIZATION PROGRAM FOR PUERTO RICO

The delegation from Puerto Rico introduced a resolution opposing the proposed Regionalization Program of the Commonwealth of Puerto Rico. The AMA House of Delegates supported the views of the Puerto Rican Delegates. This regionalization plan represents an experiment initiated by government to control the practice of medicine and will result, in effect, in the socialization of medicine in Puerto

Rico. The plan would be integrated under government supervision and would include private patients, physicians and hospitals together with voluntary insurance programs. (Note: It is my personal impression that this type of governmental effort would be used for similar experimentation in the United States.)

AMERICAN MEDICAL ASSOCIATION—AMERICAN BAR ASSOCIATION

A report from the Board of Trustees in reference to the American Medical Association—American Bar Association was adopted by the House of Delegates. This report is, in essence, a national interprofessional code for physicians and attorneys. The code will be published in its entirety in a forthcoming issue of the Maryland State Medical Journal.

GENERAL

Establishment of Newspaper

It was announced at the A.M.A. House of Delegates Session that the Board of Trustees has approved the establishment of a newspaper to be published biweekly for distribution to its members. The newspaper will be edited with the idea of keeping the physician informed in the medicoeconomic field, concentrating on news not now carried in the other A.M.A. Journals. It is planned to distribute the first issue about September 22.

A.M.A. LEGISLATIVE SYSTEM

A resolution was approved by the House of Delegates requesting a survey and re-evaluation of the effectiveness of the over-all AMA legislative system, including the Washington Office.

HYPNOSIS

A report on Hypnosis submitted by the Board of Trustees was adopted. The report will be submitted in its entirety for publication in one of the AMA Association's Specialty Journals. Meanwhile, the report will also be published in the Maryland State Medical Journal. In essence, the report accepts hypnosis under controlled conditions as a medical modality.

THIRD PARTY CONTRACTS

"Whereas, In the social trend toward organized programs for the purpose of obtaining protection against the unexpected costs of illness, various agencies, governmental and private, now act as third parties for the purpose of organizing and managing such programs, thus interposing themselves between physicians and patients; and

"Whereas, Certain of these plans have resulted in the surrender to bureaucratic control of the freedom of action of the individual; therefore, be it

"Resolved, That the House of Delegates approve the following principles: 'We, as physicians, cognizant that the American citizen enjoys certain basic rights as his heritage, and that these rights extend to the citizen in his position as a patient, do hereby recognize these basic medical rights:

'1. He should have the right to employ the physician of

his choice and should be free to terminate the professional relationship at will, without bureaucratic or governmental domination; and

'2. He should have the right to know that his physician is responsible for all decisions regarding the extent of his medical care, and that these decisions are not dictated, restricted, or controlled by any third party'; and further be it

"Resolved, That the House of Delegates request the Board of Trustees and its representatives to publicize these principles as the basis for participation in any program of medical care."

AMERICAN MEDICAL EDUCATION FOUNDATION

I was duly impressed by the general enthusiasm for this Foundation, which is so effectively supporting our medical schools. During one of the sessions Illinois presented a check for \$100,000.00 (one hundred thousand dollars); Alaska, despite the fact that it has very few doctors, presented a

check for \$1,000.00 (one thousand dollars). I believe that this Foundation deserves more effective support from Maryland.

STUDENT A.M.A.

Student representatives from North Carolina and California reported to the A.M.A. House of Delegates on the activities of their organization and at the same time repaid a loan of \$7,000.00.

This group among their various activities grants low interest loans to medical students.

I believe that it would serve a worthy purpose to invite their organization to send a representative to one of our House of Delegates sessions to explain their aims, and functions, and why it would be worthwhile to have a chapter in every Medical School in the United States.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Delegate*
American Medical Association

LICENSE REVOKED

This is to inform you that the license of Henry L. Peckham, M.D. permitting him to practice medicine in Maryland, was revoked by this Board under date of April 16, 1959.

As no appeal from the decision of the Board has been entered by Dr. Peckham the revocation is final.

We have been unable to find that Dr. Peckham was registered in the Maryland Courts, that is in any of the counties adjoining Washington, D. C. his latest professional address.

Board of Medical Examiners

THE TIME: *Friday, September 18*

THE PLACE: *Ocean City*

THE OCCASION: *Semi-Annual Meeting of
Medical and Chirurgical Faculty*

ANNUAL MEETING

ELECTION OF THE BOARD OF MEDICAL EXAMINERS OF MARYLAND GENERAL MEETING

Thursday, April 16, 1959

10:50 a.m., Alcazar, Cathedral and Madison Streets

The election for two new members of the Board of Medical Examiners of Maryland was held at 10:50 a.m., Thursday, April 16, 1959. The meeting was called to order by the President, Dr. J. Sheldon Eastland. Tellers were appointed by Dr. Eastland.

Three nominations were introduced from the House of Delegates which nominated Dr. Wylie M. Faw, Dr. John H. Hornbaker and Dr. Frank K. Morris. Nominations were requested from the floor.

There being no additional nominations, it was moved, seconded and unanimously carried, that the following be elected to the Board of Medical Examiners of Maryland: Dr. Wylie M. Faw, Cumberland (1962), Dr. John H. Hornbaker, Hagerstown (1963) and Dr. Frank K. Morris, Baltimore (1963).

Business Sessions

ANNUAL MEETING—1959

CHRONOLOGICAL OUTLINE OF BUSINESS SESSIONS

COUNCIL—The Alcazar, Cathedral and Madison Streets
Wednesday, April 15, 1959, 9:00 a.m.

HOUSE OF DELEGATES—The Alcazar, Cathedral and Madison Streets

Wednesday, April 15, 1959, 9:30 a.m.

Friday, April 17, 1959, 2:30 p.m.

Luncheon will be served to the members of the Council, House of Delegates, and Chairmen of Committees at 12:30 p.m. on Wednesday, April 15, 1959, at the Sheraton Belvedere Hotel in conjunction with the Woman's Auxiliary Luncheon.

ELECTION OF BOARD OF MEDICAL EXAMINERS will take place at the General Meeting at the Alcazar on Thursday, April 16, 1959, 10:50 a.m.

J. Sheldon Eastland, *President*

William Carl Ebeling, *Secretary*

Wetherbee Fort, *Treasurer*

C. Reid Edwards, *Immediate Past President*

Leslie E. Daugherty, *President-Elect*

Frank K. Morris, *Board of Medical Examiners*

Robert vL. Campbell, *Delegate to the American Medical Association*

George H. Yeager, *Delegate to the American Medical Association*

Louis Krause, *Chairman, Library Committee*

Whitmer B. Firor, *Chairman, Committee on Constitution and Bylaws*

The meetings of the House of Delegates are open to all members of the Faculty, but the privileges of the floor are for delegates only. If they so desire, members of the House of Delegates may ask the chairmen of the committees for elucidation of their reports.

Resolutions and recommendations are referred to the Resolutions Committee.

The following is quoted from the Constitution and By-Laws, Chapter VIII, Section 9:

"Any new business involving a question of policy, which has not previously been considered by the Council or the House of Delegates, shall be referred to the Resolutions Committee for consideration, before being acted on by the House of Delegates. Any such new business shall be presented in writing to the Secretary of the Faculty at least eight (8) weeks prior to the Annual or Semiannual Meeting whichever happens to be concerned.

All proposed resolutions shall be referred to the Resolutions Committee which Committee shall present them to the House of Delegates with its recommendations for approval, disapproval or for recommitment to the sponsor for revision with the recommendations of the Resolutions Com-

Business Sessions

COUNCIL

Wednesday, April 15, 1959, 9:00 A.M.

The Alcazar, Cathedral and Madison Streets

- I. Call to order. **Leo Brady, M.D., Chairman**
- II. Old Business.
- III. New Business.

HOUSE OF DELEGATES

Membership

The House of Delegates is composed of the delegates of the Component Societies, the Councilors, and the following:

mittee. If the Resolutions Committee approves the principle of a proposed Resolution but not the form of its expression, it shall have the authority to submit to the sponsor a revision which, if acceptable to the sponsor, may be presented to the House of Delegates by the Resolutions Committee.

The Council may refer to the Resolutions Committee all recommendations that should be formulated as resolutions before presentation to the House of Delegates with an expression of opinion by the Council as to the policy involved therein.

When requested by the Presiding Officer of the House of Delegates, the Resolutions Committee shall report to the House of Delegates."

Agenda

for

HOUSE OF DELEGATES

Wednesday, April 15, 1959, 9:30 A.M.

The Alcazar

Cathedral and Madison Streets

J. Sheldon Eastland, M.D., *President*, Presiding

- I. Call to order.
- II. * Registration of delegates.
- III. "Student American Medical Association." Mr. Wilson A. Heefner, University of Maryland School of Medicine, Representative of Student American Medical Association.
- IV. Reports of officers and committees. (The Summary of Reports has been mailed to every member of the House of Delegates.)

Constitutional

(Committees, etc., set forth in the Constitution and Bylaws)

1. Secretary.
2. Treasurer.
3. Committee on Finance and Budget.
4. Council.
 - (a) Advisory Committee to the Woman's Auxiliary—(Executive Committee of the Council.)
5. Delegates to the American Medical Association.
6. Board of Medical Examiners.
7. Library Committee and Finney Fund Committee.
8. Committee on Scientific Work and Arrangements.
9. Committee on Constitution and Bylaws.
10. Planning Committee.
11. Professional Conduct Committee.
12. Executive Secretary.

Council Appointments

13. Curator.
14. Editor, Maryland State Medical Journal.
15. Memoir Appointee.
16. Maryland Medical Service, Inc., and Maryland Hospital Service, Inc.
17. Board of Trustees, Maryland Medical Service, Inc.

* All delegates are requested to register so that an accurate record of attendance may be included in the minutes of the House of Delegates for the Transactions.

18. Representatives on Advisory Committee on Adoption of the State Department of Welfare.
19. Representatives on the Medical Advisory Committee of the Red Cross Blood Bank Program.
20. Representatives from Medical and Chirurgical Faculty on Maryland Joint Committee for Improvement of Care of Patients Sponsored by Maryland-District of Columbia-Delaware Hospital Association.
21. Representatives on State Advisory Committee on Staphylococcal Disease in Maryland. (Appointed by the President.)
22. Representatives on the Medical Advisory Committee on Vocational Rehabilitation.

Continuing Committees

(Committees appointed by the President unless otherwise designated. Many of these committees are appointed in accordance with specifications that designate personnel.)

23. Liaison Committee on Accreditation of Hospitals and Intern and Residency Training Programs.
24. Committee to Cooperate with the American Medical Education Foundation.
25. Building Committee.
26. Committee on Diabetes.
27. Geriatrics Committee.
28. Legislative Committee.
29. Maternal and Child Welfare Committee.
30. Joint Committee with the Bar Associations on Medicolegal Problems.
31. Mental Hygiene Committee.
32. Committee on National Emergency Medical Service.
33. Medical Advisory Committee to the Bureau of Old Age and Survivors Insurance.
34. Committee for the Study of Pelvic Cancer.
35. Committee to Study Problems of Mutual Interest to the Medical and Chirurgical Faculty and Maryland Pharmaceutical Association.
36. Committee on Rural Health.
37. Advisory Committee to State Accident Fund.
38. Advisory Committee to Consult with the State Department of Health.
39. Tuberculosis Committee.
40. Committee on Veterans' Medical Care.

Special Committees

(Appointed by the House of Delegates, Council, Executive Committee or Current President to study a special problem. Only change of personnel to be at the request of the Committee as a whole. Committee discharged when specific study is completed.)

41. Committee on Asian Influenza.
42. Committee on Prevention of Automotive Highway Disasters.
43. Committee to Investigate Group Insurance on a State-Wide-Basis.
44. Committee to Review Proposed Regulations on Hospital Licensing.
45. Committee to Confer with Insurance Carriers in Regard to Problem of Specialties—Radiology, Pathology, Anesthesiology.

46. Committee to Study Simplified Insurance Forms.
47. Committee to Consult with Labor Leaders and Unions of Maryland.
48. Medical Economics Committee.
49. Medical Advisory Committee for the Medicare Program.
50. Committee to Draft a Fee Schedule for the Medicare Program.
51. Committee on Public Instruction.
52. Committee to Meet with State Department of Education Regarding the Pupil Medical Record Form.
53. Committee to Consider Relationship Between Hospitals and Specialties and the Manner of Payment of Professional Services.
54. Committee to Send Out Social Security Questionnaire.
- V. Report of the Nominating Committee.

Nominations of officers, councilors, delegates to American Medical Association, and committees; and recommendations to the General Meeting for the Board of Medical Examiners.

Agenda

for

HOUSE OF DELEGATES

Friday, April 17, 1959, 2:30 P.M.

The Alcazar

Cathedral and Madison Streets

J. Sheldon Eastland, M.D., *President*, Presiding

- I. Call to order.
- II. Registration of delegates.
- III. Election of Officers.
- IV. Committee on Constitution and By-Laws.
- V. Resolutions Committee.
- VI. Unfinished business.
- VII. New business.

ELECTION OF THE BOARD OF

MEDICAL EXAMINERS

Thursday, April 16, 1959, 10:50 A.M.

General Meeting, The Alcazar

ANNUAL MEETING¹

HOUSE OF DELEGATES

The Alcazar, Cathedral and Madison Streets, Baltimore

MINUTES OF THE 228th MEETING²

Wednesday, April 15, 1959

The 228th meeting of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland was held at The Alcazar, Baltimore, Maryland. The meeting was called to order by the President, Dr. J. Sheldon Eastland, at 10:00 a.m., on Wednesday, April 15, 1959.

The following delegates registered: Manning W. Alden, Anne Arundel County; W. A. Anderson, Baltimore City; John G. Ball, Montgomery County; Leon W. Berube, St. Mary's County; Francis J. Borges, Baltimore City; C. Holmes Boyd, Baltimore City; M. McKendree Boyer, Council; Leo Brady, Council; A. T. Brice, Council; Howard M. Bubert, Council; Robert vL. Campbell, Council; O. D. Christensen, Wicomico

County; Archie R. Cohen, Washington County; E. I. Cornbrooks, Baltimore City; G. C. Coulbourn, Somerset County; M. M. Cross, Montgomery County; L. E. Daugherty, President Elect; M. B. Davis, Baltimore County; V. Davis, Cecil County; J. M. Dennis, Baltimore City; Ernest A. Dettbarn, Frederick County; Everett S. Diggs, Council; E. W. Ditto, Jr., Council; J. S. Eastland, President; W. C. Ebeling, Secretary; W. L. Etienne, Prince George's County; R. W. Farr, Kent County; W. B. Firor, Council; R. S. Fisher, Council; Wetherbee Fort, Treasurer; A. E. Goldstein, Council; W. B. Hagan, Prince George's County; J. S. Haines, Baltimore City; J. Handelsman, Baltimore City; R. A. Hare, Montgomery County; T. Harrison, Talbot County; Ralph G. Hills, Council; Page C. Jett, Calvert County; W. L. Kilby, Baltimore City; H. F. Kinnamon, Council; E. Paul Knotts, Caroline County; Louis Krause, Council; R. C. LaMar, Worcester County; C. R. Layton, Queen Anne's County; C. E. Leach, Baltimore City; W. D. Lynn, Baltimore City; J. N. McCosh, Baltimore City; Frank K. Morris, Board of Medical Examiners; S. Morrison, Baltimore City; W. B. Moyers, Council; W. S. Murphy, Montgomery County; C. F. O'Donnell, Council; M. Paulson, Baltimore City; W. F. Pearce, Baltimore City; M. D. Phillips, Harford County; W. Pillsbury, Baltimore County; J. E. Queen, Baltimore City; J. Morris Reese, Baltimore County; R. C. V. Robinson, Baltimore City; A. B. Rohrbraugh, Jr.,

¹ See August 1959 Maryland State Medical Journal (Transactions, Part I) for the J. M. T. Finney Fund Lectureship, "The Surgical Treatment for Chronic Pancreatitis" presented by Ralph F. Bowers, M.D.

² Key for minutes: CAPS for recommendations and resolutions that are adopted. CAPS AND SMALL CAPS for recommendations that are *not* adopted. *Italics* for motions which are adopted.

Montgomery County; E. R. Shipley, Baltimore City; J. M. Spence, Jr., Baltimore City; W. C. Stifler, Baltimore City; E. Stinson, Jr., Baltimore City; D. H. Stone, Baltimore City; J. F. Supplee, Baltimore City; Edward A. Thompson, Carroll County; R. C. Tilghman, Council; Merton T. Waite, Anne Arundel County; Hilda J. Walters, Allegany-Garrett County; H. Welcome, Baltimore City; E. H. Wolff, Dorchester County; A. C. Woods, Baltimore City; A. O. Wooddy, Charles County; R. B. Wright, Baltimore City; A. D. Young, Baltimore City; and R. A. Young, Washington County.

Present also for this meeting were: Messrs. W. N. Kirkman, John Sargeant and Mrs. Anna Wynde Leake.

The President made announcements to those present including information that the Friday afternoon session on April 17, would begin at 2:00 p.m., instead of the scheduled time, 2:30 p.m.

The House of Delegates will meet at the Alcazar, Cathedral and Madison Streets, Baltimore.

ADOPTION OF MINUTES

The minutes of the semiannual meeting of the House of Delegates held on September 12, 1958, having been mailed to all members were not read. There being no corrections, the minutes were approved as distributed.

STUDENT AMA SPEAKER

The President introduced Mr. Wilson A. Heefner, representative of the University of Maryland Medical School Student AMA, who spoke on the objectives of the Student AMA, as well as the benefits and purposes of local chapters.¹

Dr. Lewis Gundry, Faculty representative to this local chapter, addressed the members of the House of Delegates and made the following recommendations:

1. THAT WE CONTINUE TO SPONSOR AND ENCOURAGE IN EVERY WAY THIS YOUNGEST GROUP OF OUR COLLEAGUES WHO ARE STARTING OUT AND IN THAT WAY FOSTER AN INTEREST IN THE ORGANIZATION OF MEDICINE.
2. RECOMMEND THAT THE JOHNS HOPKINS UNIVERSITY MEDICAL SCHOOL FORM A CHAPTER IN THE STUDENT AMA.

¹ See August 1959 Maryland State Medical Journal for the complete text of Mr. Heefner's talk.

3. HELP THE UNIVERSITY OF MARYLAND MEDICAL SCHOOL STUDENT AMA IN A FINANCIAL WAY.

Action: On motion duly made, seconded and carried, it was voted to accept recommendations 1 and 2.

Recommendation number 3, in accordance with the Constitution and Bylaws, was referred to the Committee on Finance and Budget for recommendations.

SECRETARY'S REPORT (Page 478)

Dr. Everett S. Diggs, Past-Secretary, spoke briefly regarding his tenure of office as Secretary of the Faculty. He expressed appreciation to the members of the House of Delegates, Component Societies, Miss Wynde, Mr. Kirkman and Mr. Sargeant for their cooperation and assistance.

TREASURER'S REPORT (Page 482)

Dr. Wetherbee Fort, Treasurer, presented the 1959 budget to the members of the House and clarified certain items. He also presented the financial statement for the year ending December 31, 1958, for the information of the House members.

PENSION PLAN

Included in the 1959 budget was an item of \$10,000, dealing with funds for the establishment of a pension plan for employees of the Faculty. There was some discussion on the plan as to the benefits for the employees, cost for future years and other items.

Action: On motion duly made, seconded and carried, it was voted that the Executive Committee be empowered to review and consider the four proposed plans submitted by Insurance Companies for a pension plan for the employees, and select one plan: that plan to be submitted to the semiannual meeting for ratification by that body; there to be no expenditures of money until the House gives its approval.

EMERITUS MEMBERSHIP

Action: On motion duly made, seconded and carried, it was voted to grant Emeritus Membership to the following members:

Michael A. Abrams, M.D., Baltimore
Henry F. Buettner, M.D., Baltimore
Alan M. Chesney, M.D., Baltimore
Albert H. Katz, M.D., Baltimore
Charles L. Warner, M.D., Baltimore
Waitman F. Zinn, M.D., Baltimore
P. S. Lansdale, M.D., Frederick

AMENDMENTS TO THE CONSTITUTION AND BYLAWS

Dr. Whitmer B. Firor, Chairman of the Committee on Constitution and Bylaws, presented the following amendments to the Constitution for action by the House of Delegates:

Constitution—Article V, House of Delegates. Section 1.

OLD

The House of Delegates shall be the legislative and business body of the Faculty. It shall elect (1) all the officers and (2) the delegates to the American Medical Association, (with the exception of the members of the Board of Medical Examiners of Maryland).

NEW

The House of Delegates shall be the legislative and business body of the Faculty. It shall elect (1) all the officers and (2) the delegates to the American Medical Association.

Constitution—Article V, House of Delegates. Section 2.

OLD

The House of Delegates shall consist of (1) Delegates elected by the component societies, each component society being entitled to elect one delegate for each 50 active members in good standing, or major fraction thereof; provided each component society shall be entitled to elect at least one delegate; (2) the membership of the Council; and (3) one member elected by the State Board of Medical Examiners.

NEW

The House of Delegates shall consist of (1) Delegates elected by the component societies, each component society being entitled to elect AT LEAST one delegate AND AN ADDITIONAL DELEGATE for each 50 active members in good standing, or major fraction thereof; (2) the membership of the Council; and (3) one member elected by the State Board of Medical Examiners.

Constitution—Article VI, Council. Section 1.

OLD

The Council shall carry out the mandates and policies of the Faculty as determined by the House of Delegates. Between the meetings of the House of Delegates, it shall have full authority and power to perform all acts and to transact all business for and on behalf of the Faculty, and to manage and conduct all the property, affairs, work and activities of the Faculty.

NEW

The Council shall carry out the mandates and policies of the Faculty as determined by the House of Delegates. Between the meetings of the House of Delegates, it shall have full authority and power to perform all acts and to transact all business for and on behalf of the Faculty, and MANAGE ALL THE PROPERTY, AND CONDUCT ALL THE AFFAIRS, work and activities of the Faculty.

Constitution—Article VI, Council. Section 2.

OLD

The Council shall consist of (1) fifteen (15) Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and Bylaws.

NEW

The Council shall consist of (1) SEVENTEEN (17) Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and Bylaws.

Constitution—Article VII, Officers. Section 1.

OLD

The officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, a State Board of Medical Examiners as provided by State Law, and fifteen (15) Councilors who shall be chosen as follows: two from the Eastern Shore, five from the Western Shore, outside of Baltimore City, and eight from Baltimore City.

NEW

The officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, and SEVENTEEN (17) Councilors. FOR THE ELECTION OF COUNCILORS OF THE FACULTY THE STATE SHALL BE DIVIDED INTO FIVE (5) DISTRICTS WHICH ARE DESIGNATED WESTERN, EASTERN, CENTRAL, SOUTHERN AND SOUTH CENTRAL.

THE COMPONENT SOCIETIES WHICH CONSTITUTE EACH DISTRICT ARE AS FOLLOWS:

WESTERN DISTRICT: ALLEGANY-GARRETT COUNTY, CARROLL COUNTY, FREDERICK COUNTY AND WASHINGTON COUNTY.

EASTERN DISTRICT: CAROLINE COUNTY, CECIL COUNTY, DORCHESTER COUNTY, KENT COUNTY, QUEEN ANNE'S COUNTY, SOMERSET COUNTY, TALBOT COUNTY, WICOMICO COUNTY AND WORCESTER COUNTY.

CENTRAL DISTRICT: BALTIMORE CITY, BALTIMORE COUNTY AND HARFORD COUNTY.

SOUTHERN DISTRICT: ANNE ARUNDEL COUNTY, CALVERT COUNTY, CHARLES COUNTY, HOWARD COUNTY AND ST. MARY'S COUNTY.

SOUTH CENTRAL DISTRICT: MONTGOMERY COUNTY AND PRINCE GEORGE'S COUNTY.

THE COUNCILORS SHALL BE ELECTED AS FOLLOWS: NINE (9) MEMBERS FROM THE CENTRAL DISTRICT AND TWO (2) FROM EACH OF THE OTHER FOUR DISTRICTS. THE NINE (9) COUNCILORS FROM THE CENTRAL DISTRICT SHALL INCLUDE EIGHT (8) FROM BALTIMORE CITY AND ONE (1) FROM EITHER BALTIMORE COUNTY OR HARFORD COUNTY.

Constitution—Article VII, Officers. Section 4.

OLD

The terms of all officers, except the Board of Medical Examiners for Maryland, shall begin on January 1st following their election. The term of the Medical Examiners shall begin the first Tuesday in June following their election as provided by the Laws of the State of Maryland

NEW

The terms of all officers shall begin at the conclusion of the Annual Meeting one (1) year after their election.

Constitution—Article VIII, Board of Medical Examiners, Section 1.

OLD

Completely new article.

NEW

The Board of Medical Examiners shall be elected as provided for in the Bylaws, and the terms of office of its members shall begin the first Tuesday in June following their election as provided by the Laws of the State of Maryland.

Constitution—Article XII, Funds and Expenses. Section 3.

OLD

Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of eight (8) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary and four (4) additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

It shall also be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

NEW

Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of NINE (9) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary, THE CHAIRMAN OF THE PLANNING COMMITTEE, and four (4) additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

It shall also be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. THE BUDGET SHALL ALSO BE PRESENTED TO THE HOUSE OF DELEGATES AT THE ANNUAL MEETING. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

Constitution—Renumbering of Articles

OLD

Article VIII
Article IX

NEW

Article IX
Article X

Article X
Article XI
Article XII
Article XIII
Article XIII

Article XI
Article XII
Article XIII
Article XIV

Action. On individual motions, duly made, seconded and carried, the aforementioned changes in the Constitution were duly approved by the House of Delegates, having been presented at the April, 1958, Annual Meeting or the September, 1958, Semiannual Meeting.

Dr. Firor then presented the following changes in the Constitution, that will lay on the table for final action at the April, 1960, Annual Meeting.

Constitution—Article II, Purposes of the Society

OLD

The purposes of this Faculty shall be to federate and bring into one compact organization the medical profession of the State of Maryland, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment of just laws relating to the practice of medicine and the public health; to foster friendly intercourse among physicians; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland.

NEW

The purposes of this Faculty shall be AS A NON-PROFIT ORGANIZATION to federate and bring into one compact SOCIETY the medical profession of the State of Maryland and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment and enforcement of just laws relating to the practice of medicine and the public health; to foster friendly RELATIONS among physicians; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland.

Constitution—Article III, Component Societies

OLD

The component Societies of this Faculty are those County Medical Societies and the Baltimore City Medical Society, which hold charters from the Medical and Chirurgical Faculty of the State of Maryland.

NEW

The component Societies of this Faculty are those County Medical Societies and the Baltimore City Medical Society, which hold charters from the Medical and Chirurgical Faculty of the State of Maryland.

NO COMPONENT MEDICAL SOCIETY SHALL INCORPORATE PROVISIONS IN ITS CONSTITUTION AND BYLAWS WHICH CONFLICT WITH THOSE IN THE CONSTITUTION AND BYLAWS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.

Constitution—Article IV, Composition of the Faculty

OLD

The members of this Faculty shall be the Active Members of the Component Medical Societies, together with such other special classes of membership as are specified in Chapter I of the By-Laws.

NEW

The members of this Faculty shall be the Active Member, IN GOOD STANDING in their component medical societies together with such other special classes of membership as are specified in the Bylaws.

Constitution—Article VI, Council

OLD

Section 2. The Council shall consist of (1) seventeen (17) Councilors; and (2) the President, the immediate past president, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates and the Chairman of the Committee on Constitution and Bylaws.

Section 3. It is authorized annually to select from its membership a Chairman and a Vice-Chairman of the Council. No

NEW

Section 2. THE MEMBERSHIP OF THE COUNCIL SHALL BE DETERMINED AS PROVIDED FOR IN THE BYLAWS.

Section 3. Delete in toto.

Councilor shall be elected as a Delegate to the House of Delegates.

Constitution—Article VII, Officers

OLD

Section 1. The Officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, and seventeen (17) Councilors. For the election of Councilors of the Faculty the State shall be divided into five (5) districts which are designated Western, Eastern, Central, Southern and South Central.

The component societies which constitute each district are as follows:

Western District: Allegany-Garrett County, Carroll County, Frederick County and Washington County.

Eastern District: Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County and Worcester County.

Central District: Baltimore City, Baltimore County and Harford County.

Southern District: Anne Arundel County, Calvert County, Charles County, Howard County and St. Mary's County.

South Central District: Montgomery County and Prince George's County.

The Councilors shall be elected as follows: nine (9) members from the Central District and two (2) from each of the other four districts. The nine (9) Councilors from the Central District shall include eight (8) from Baltimore City and one (1) from either Baltimore County or Harford County.

Section 3. All officers, except Councilors shall serve a term of one (1) year. The term of the Councilors shall be for three (3) years from the date of their installation into office, provided however that no Councilor may serve more than two (2) consecutive elected terms.

Constitution—Article XI, Reciprocity of Membership With Other State Societies.

OLD

In order to broaden professional fellowship this Faculty may arrange with other State Medical Associations for interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election.

Constitution—Article XII, Funds and Expenses.

OLD

Section 3. Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of nine (9) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary, the Chairman of the Planning Committee and four (4) additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

NEW

Section 1. THE OFFICERS OF THIS FACULTY SHALL BE A PRESIDENT, PRESIDENT-ELECT, A FIRST, SECOND AND THIRD VICE-PRESIDENT, A SECRETARY, A TREASURER, AND THE MEMBERS OF THE COUNCIL AS PROVIDED FOR IN THE BY-LAWS.

Section 3. ALL OFFICERS SHALL SERVE TERMS AS DEFINED IN THE BYLAWS.

NEW

In order to broaden professional fellowship this Faculty may arrange with other State Medical Associations for interchange of certificates of membership, so that members moving from one state to another may avoid the formality of re-election IF SUCH MEMBER IS IN GOOD STANDING AT THE TIME OF THE TRANSFER.

NEW

Section 3. CONTROL OF FUNDS, INVESTMENTS AND EXPENDITURES OF THE FACULTY SHALL BE VESTED IN THE COMMITTEE ON FINANCE AND BUDGET AS PROVIDED FOR IN THE BY-LAWS.

It shall also be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. The budget shall also be presented to the House of Delegates at the Annual Meeting. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

Constitution—Article XV—Amendments

OLD

The House of Delegates may amend any article of this Constitution by a vote of two-thirds of the Delegates present at any (Annual) Session, provided that such amendment shall have been presented in open meeting at the previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

Dr. Firor then explained, in answer to a query from the floor, that the tendency in modern society was to have practically no Constitution at all, such merely stating the name of the Society, its officers, membership, etc. In this way, it has been found more effective to carry the remainder of the activities in the Bylaws, which require only notice of a certain period of time to the Components before being acted on at a meeting.

In reply to another query from the floor regarding the number of members of the House of Delegates to constitute a quorum, it was agreed that this matter should be referred to the Constitution and Bylaws Committee for action to effect a change in the quorum requirements, to be presented with the Bylaw amendments at the April, 1960, meeting.

BYLAWS AMENDMENTS

Dr. Firor then presented the following amendments to the Bylaws, which will come up for discussion and final action at the April 17, 1960, meeting, in accordance with the Constitution and Bylaws of the Faculty.

Bylaws—Chapter I, Membership

OLD

Section 1. This Faculty shall consist of Active Members, Associate Members, Emeritus Members, Fifty Year Members, Nonresident Members and Honorary Members.

Section 2. *The Active Members* of this Faculty shall be the Active Members of the component medical societies.

Section 3. *Associate Members.* Doctors of Medicine or those holding academic degrees of equal rank, who are not engaged in the private practice of medicine, shall be eligible for associate membership.

Only those Associate Members who pay the full rate of \$15.00 per year shall receive the Journal, without additional cost.

The members of the Baltimore City Dental Society in good standing with their own society shall be designated as associate members.

Associate Members shall have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, to hold such meetings in the building as meet with the approval of the House Committee, but do not have a right of defense for malpractice, nor to vote, nor to hold office.

NEW

The House of Delegates may amend any article of this Constitution by a vote of two-thirds of the Delegates present at any Session, provided that such amendment shall have been presented in open meeting at A previous annual, semiannual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

NEW

Section 1. Membership in a Component Medical Society mandatorily confers membership in the Medical and Surgical Faculty with all rights, privileges and responsibilities thereunder appertaining.

Section 2. *This Faculty* shall consist of Active Members, Associate Members, Affiliate Members, Emeritus Members, Fifty Year Members, and Honorary Members.

Section 3. *The Active Members* of this Faculty shall consist of Active Members who are in good standing in their respective component medical societies.

Section 4. *Associate Members* of this Faculty shall consist of (1) Doctors of Medicine or those holding academic degrees of equal rank, who are not engaged in the clinical practice of medicine, and Doctors of Medicine engaged in clinical practice and in full-time teaching positions in a medical school having a rank below that of Associate Professor; (2) Doctors of Medicine on the resident staff of a hospital or Fellowship and not in private practice; (3) Members of the Baltimore City Dental Society in good standing with their own Society.

Section 4. *Affiliate Members.* Affiliate Members shall be physicians licensed to practice medicine in Maryland who are not eligible for active membership in the Medical and Chirurgical Faculty because they are active members in other constituent associations of the American Medical Association.

Affiliate Members shall receive the Journal and shall have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, to hold such meetings in the building as meet with the approval of the House Committee, but do not have the right of defense for malpractice, nor to vote, nor to hold office.

Section 5. *Emeritus Members.* An Active Member in good standing may, on the recommendation of the Council, and a majority vote of the House of Delegates, be made an Emeritus Member, enjoying without payment of dues all the privileges of the Faculty, except of holding office and he shall not be eligible for Physicians' Defense for alleged malpractice occurring after becoming an emeritus member.

Section 6. *Fifty Year Members.* Any physician who has been an Active Member of the Faculty in good standing for fifty years, or over, is automatically entitled to all the privileges of active membership without the payment of dues if the said member so desires.

Section 7. *Nonresident Members.* Nonresident Members shall be such Active Members as have removed from the State and wish to retain their affiliation with the Faculty of Maryland.

Section 8. *Honorary Members.* The title of Honorary Member may be conferred upon any distinguished member of the American Medical Association residing out of the State, or upon any distinguished foreign physician, upon recommendation of the Council.

Section 5. *Affiliate Members* of this Faculty shall consist of (1) Physicians licensed to practice medicine in Maryland who are not eligible for active membership in the Medical and Chirurgical Faculty because they are active members in other constituent associations of the American Medical Association and (2) those active members who have removed from the State and wish to retain their affiliation with the Faculty.

Section 6. *Emeritus Members* shall be those Active Members in good standing, who, upon request of the component society and on the recommendation of the Council and a majority vote of the House of Delegates, are designated Emeritus Members.

Section 7. *Fifty Year Members* are those members who have been Active Members of the Faculty in good standing for fifty years.

Delete in toto.

Section 8. *Honorary Members* shall be those individuals designated, upon recommendation of the Council, or the House of Delegates, to receive this title.

Bylaws—Chapter II, Dues and Assessments

OLD

Section 1. Active Members. Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. The amount of the dues shall be \$50.00 per capita per annum for active members of the Component Societies, with the following exceptions:

a. In the Component Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.

b. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.

c. The dues of a licensed physician in Maryland who holds an academic position on a strict full time salary basis, other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an associate professor, and he shall not be liable for assessment.

The per capita dues and assessments are to be included in annual dues of the individual member as paid to his component society; and any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues and assessments have

NEW

Section 1. Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. These shall be fixed from time to time by the House of Delegates and shall be binding on all members. Beginning April 17, 1959, the dues shall be as follows:

Active Members: Active members of the Medical and Chirurgical Faculty of the State of Maryland shall pay \$50.00 per capita per year for active members of the component medical societies, except that they shall be \$15.00 per year for the first year in private practice and \$25.00 per year for the second year in private practice.

Associate Members: Associate members of the Medical and Chirurgical Faculty of the State of Maryland shall pay as follows:

Doctors of Medicine or those holding academic degrees of equal rank who are not engaged in the clinical practice of medicine and Doctors of Medicine engaged in the clinical practice of medicine and full-time teaching in a medical school who have a rank below that of Associate Professor, \$25.00.

Doctors of Medicine on the resident staff of a hospital or fellowship, and not in clinical practice, \$5.00.

Members of the Baltimore City Dental Society \$3.00 per year for each of its members, which will be paid to the Treasurer of the Medical and Chirurgical Faculty by the Treasurer of the Baltimore City Dental Society. In addition, the Treas-

been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provisions of Physicians' Defense.

Section 2. Associate Members. The annual dues for associate members shall be \$15.00 per year, and shall be payable January 31, in advance, with the following exception:

a. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.

b. The Treasurer of the Baltimore City Dental Society shall pay to the Treasurer of the Medical and Chirurgical Faculty each year the sum of \$3.00 as annual dues for each of its members who shall be designated as associate members. The Treasurer of the Baltimore City Dental Society shall also pay annually to the Medical and Chirurgical Faculty the sum of \$50.00 for the purchase of dental books and journals.

Section 3. Affiliate Members. The annual dues for affiliate members shall be \$10.00 per year, and shall be payable January 31, in advance, and shall not be liable for assessment.

Section 4. Nonresident Members shall pay \$5.00 dues per annum directly to the Treasurer and shall receive all notices and publications.

Section 5. The fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

urer of the Baltimore City Dental Society will also pay the sum of \$50.00 per year to the Medical and Chirurgical Faculty for the purchase of dental books and journals.

Affiliate Members: The annual dues for affiliate members shall be \$15.00 per year.

Section 2. *Exemptions.* Members exempt from payment of dues and assessments are as follows: Emeritus Members, Fifty Year Members and Honorary Members. Members exempt from payment of assessments are as follows: Associate Members and Affiliate Members.

Section 3. The fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

Section 4. Component Societies will establish their own dues in accordance with their Constitution and Bylaws.

Section 5. The per capita dues and assessments are to be paid by the individual member through his component society. Any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an Active Member in good standing. However, it is herein exacted that only Active Members whose dues and assessments have been paid in advance before January thirty-first of each current year will be eligible for legal defense for any suit alleging professional liability.

Bylaws—Chapter III, Rights and Privileges of Members.

Section 1. *Active Members* shall have all the rights and privileges of full members, including the right to Physicians' Defense, subscription to the Maryland State Medical Journal, privileges of voting and holding office, rights to attend Annual and Semiannual Meetings of the Faculty and any other rights and privileges not specifically spelled out in these Bylaws.

Section 2. *Associate Members* shall have all the rights and privileges of Active Members except the right to vote or hold office. Further, only those Associate Members who are Doctors of Medicine on the resident staff of a hospital or fellowship and not in private practice, have the right to legal defense in the event of an alleged case of professional liability. Associate Members have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, and to hold such meetings in the building as meet with the approval of the Executive Committee.

Section 3. *Affiliate Members* shall have all the rights and privileges of Active Members except the right to vote, hold office and the right to legal defense in the event of a suit for professional liability.

Section 4. *Emeritus Members* shall have all the rights and privileges of Active Members, except the right to vote, hold

office or the right to legal defense in the event of a suit for professional liability.

Section 5. *Fifty Year Members* who qualify for this category of membership after being in good standing for fifty years are automatically entitled to all privileges of active membership including the right to legal defense in the event of a suit for professional liability without the payment of dues.

Section 6. *Honorary Members* shall have all the privileges of Active Members, except the right to vote, hold office and legal defense for any suit alleging professional liability.

Section 7. *Professional liability* as used throughout the sections of these Bylaws is interpreted to mean that liability which is peculiar to the practice of medicine and which arises during or out of the professional activities of the physician.

Bylaws

OLD

Chapter III. General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President, one of the Vice-Presidents, and at such meetings shall be delivered the address of the President and the orations.

Chapter V. Election of Officers.

Section 2. The recommendations of the Nominating Committee shall be presented at the Annual Meeting, at the first meeting of the House of Delegates after which the President is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Chapter VII. Duties of Officers.

Section 1. *The President* shall preside at all meetings of the Faculty and of the House of Delegates. Upon the direction of the House of Delegates or the Council, he shall appoint all committees for which provision has not been made. He shall deliver an annual address at such times as may be arranged by the Committee on Scientific Work and Arrangements. He shall preserve order, enforce the observance of the Constitution and Bylaws, and cast the deciding vote in all cases of equal division. He shall be ex officio member of all committees.

Section 3. *Secretary.* The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex officio Secretary of the Council. He shall be ex officio member of all committees. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He

NEW

Chapter IV. General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President, President-elect, one of the Vice-Presidents, or any other officers, and at such meetings shall be delivered the address of the President and the orations.

Chapter V. House of Delegates.

Section 9. A Speaker or Vice-Speaker of the House may preside at meetings as provided elsewhere in the Bylaws.

Chapter VI. Election of Officers.

Section 2. The recommendations of the Nominating Committee shall be presented at the Annual Meeting at the first meeting of the House of Delegates after which the presiding officer is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Chapter VIII. Duties of Officers.

Section 1. *The President* may preside at all meetings of the Faculty. He may appoint committees with the approval of the House of Delegates, the Council and the Executive Committee of the Council. He may deliver an annual address at such times as may be arranged by the Committee on Scientific Work and Arrangements. He shall preserve order, enforce the observance of the Constitution and Bylaws, and cast the deciding vote in all cases of equal division. He shall be ex officio member of all committees except the Nominating Committee. He shall perform such other duties as usually pertain to the office and as may be prescribed by the Society in the Bylaws or in any resolutions it may pass.

Section 3. *Secretary.* The Secretary shall attend all the General Meetings of the Faculty and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex officio Secretary of the Council. He shall be ex officio member of all committees. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come

shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by Counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Section 4. Assistant Secretaries. The Secretary may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Recording Secretary. The tenure of office of those appointees will be at the pleasure of the Secretary.

Section 5. Treasurer. The Treasurer shall be the Chairman of the Committee on Finance and Budget. He shall give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall yearly render to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

Chapter VIII. The Council.

Section 1. The Council shall meet on the day of the annual session, preceding the meeting of the House of Delegates, during the sessions and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall elect a Chairman and a Vice-Chairman from its own membership annually. It shall, through its Chair-

into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of the members of the Medical and Chirurgical Faculty, noting on each his status in relation to his component society, and on request shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Section 4. Assistant Secretaries. The Secretary may request the Council to appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Recording Secretary. The tenure of office of those appointees will be at the pleasure of the Council.

*** Section 5. Treasurer.** The Treasurer shall be the Chairman of the Committee on Finance and Budget. He shall give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council, in accordance with the annual budget duly approved by the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall yearly render to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

Section 6. An Assistant Treasurer. The Treasurer may request the Council to appoint one member of the Faculty in good standing as an Assistant Treasurer to whom he may allot the duties usually pertaining to the Assistant Treasurer. The tenure of office of this appointee will be at the pleasure of the Council.

Chapter IX. The Council.

Section 1. The Council shall consist of (1) seventeen (17) Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and Bylaws.

* See page 477 of April 17, 1959 Minutes of House of Delegates for action on this Section.

man, make an annual report to the House of Delegates. Ten members shall constitute a quorum.

Section 2. (Was Section 1)

For the election of Councilors of the Faculty the State shall be divided into five (5) districts which are designated Western, Eastern, Central, Southern and South Central.

The component societies which constitute each district are as follows:

Western District: Allegany-Garrett County, Carroll County, Frederick County and Washington County.

Eastern District: Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County and Worcester County.

Central District: Baltimore City, Baltimore County and Harford County.

Southern District: Anne Arundel County, Calvert County, Charles County, Howard County and St. Mary's County.

South Central District: Montgomery County and Prince George's County.

The Councilors shall be elected as follows: nine (9) members from the Central District and two (2) from each of the other four districts. The nine (9) Councilors from the Central District shall include seven (7) from Baltimore City, one (1) from Baltimore County and one (1) from Harford County.

The term of the Councilors shall be for three (3) years from the date of their installation into office, provided however that no Councilor may serve more than two (2) elected terms.

Section 2. The Council shall meet on the day of the annual session, preceding the meeting of the House of Delegates, during the sessions and at such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall elect a Chairman and a Vice-Chairman from its own membership annually immediately following the last meeting of the House of Delegates at the annual session. This shall become effective following the Annual meeting in 1960. It shall, through its Chairman, make an annual report to the House of Delegates. Ten members shall constitute a quorum.

Section 3. In the event of the resignation, removal or death of (1) any of the elected officers, or officers-elect, (2) a delegate to the House of Delegates of the American Medical Association, (3) of a councilor, (4) of any member of the following Committees: Committee on Scientific Work and Arrangements, the Library Committee, the Finney Fund Committee—the Council shall have authority to select an active member in good standing to fill the vacancy until the next Annual Meeting of the House of Delegates.

Section 4. The Chairman of the Council may assign to the component societies members of the Council who shall be available to advise and consult with the component societies.

Section 8. The Council shall have the power to appoint all key employees of the Faculty, and to fix the compensation to be received by each. The Executive Secretary, however, shall have the right to employ personnel and similarly to discharge personnel during their six month probationary period. The Executive Committee shall have the power to discharge personnel who have completed their probationary period. The Executive Committee shall consider the recommendations of the Executive Secretary and/or the Library Committee.

Section 3. (Was Section 2) In the event of the resignation, removal or death of (1) any of the elected officers, or officers-elect, (2) a delegate to the House of Delegates of the American Medical Association, (3) of a councilor, (4) of any member of the following Committees: Committee on Scientific Work and Arrangements, the Library Committee, the Finney Fund Committee, the House Committee—the Council shall have authority to select an active member in good standing to fill the vacancy until the next Annual Meeting of the House of Delegates.

Section 4. (Was Section 3) The Chairman of the Council shall assign to the component societies members of the Council who shall be available to advise and consult with the component societies.

Section 8. (Was Section 7) The Council shall have the power to appoint all employees of the Faculty, and to fix the compensation to be received by each. This authority carries with it the right to discharge any employees, for due cause; but either in discharging or employing, it is to receive and consider the recommendations of the Library Committee, or the House Committee, according to the authority vested in them under these By-Laws.

Section 9. (Was Section 8) The Executive Committee of the Council shall consist of the Chairman and the Vice-Chairman of the Council, the President, the Secretary and the Treasurer.

Between the meetings of the Council it shall act in an advisory capacity to the officers and Staff in questions of immediate importance, but it shall have no power or authority to conduct any of the regular or assigned duties of the Council.

Chapter IX. Standing Committees

Section 1. The standing committees which are to be elected by the House of Delegates, are as follows: Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee.

The standing committees which are to be named by the President, organized as hereinafter provided, are the Resolutions Committee and the Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: Nominating Committee, House Committee, Committee on Finance and Budget, Professional Conduct Committee and Planning Committee.

Section 6. *The House Committee.* This Committee shall consist of the Executive Committee of the Council (the Chairman and the Vice-Chairman of the Council, the President, the Secretary and the Treasurer) plus the Chairman of the Library Committee. The House Committee shall have full charge of the buildings and other property owned and used by the Faculty. It shall make recommendations to the Council for the repair and maintenance of such properties, but shall not enter into any contracts unless authorized by the Council. It shall exercise supervisory control over the members of the staff and other employees (other than the Library Staff) as to changes in personnel, filling vacancies, adjustments of salaries, etc., but the power to make appointments and to fix salaries shall reside in the Council.

Section 11. *Planning Committee.* The Planning Committee shall be an advisory committee to the House of Delegates and the Council, and shall consist of the President, the Secretary, the Treasurer, the Chairman of the Council, the Vice-Chairman of the Council and one Representative elected annually (with an Alternate) by each Component Society.

Routine secretarial work may be conducted by the employees of the Faculty with the approval of the Executive Committee. Financial support in connection with such work should come from the bodies for which such work is performed.

Section 9. *The Executive Committee* of the Council shall consist of the Chairman and the Vice-Chairman of the Council, the President, the President-elect, the Secretary and the Treasurer.

Between the meetings of the Council it shall act in an advisory capacity to the officers and staff in questions of immediate importance, but it shall have no power or authority to conduct any of the regular or assigned duties of the Council.

Section 10. *Speaker and Vice-Speaker.* The Council shall name a Speaker and/or Vice-Speaker of the House of Delegates when requested by the President. The Speaker and Vice-Speaker of the House of Delegates shall be required to attend all meetings of the Council and the Executive Committee of the Council, but shall not have the right to vote nor be eligible for the office of Chairman or Vice-Chairman of the Council. They should be appointed at least three (3) months prior to the meeting or meetings at which they are to preside.

Chapter X. Standing Committees

Section 1. The standing committees which are to be elected by the House of Delegates, are as follows: Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee.

The standing committees, which are to be named by the President, organized as hereinafter provided, are the Resolutions Committee and the Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: Nominating Committee, Committee on Finance and Budget, Professional Conduct Committee, and Planning Committee.

The President shall appoint all committees for which provision has not been made elsewhere in the Constitution and Bylaws, such appointments being subject to the approval of the Executive Committee.

Section 6. *The House Committee.* (Delete)

Section 6 was Section 7. Committee on Finance and Budget. (No Change)

Section 7 was Section 8. Professional Conduct Committee. (No Change)

Section 8 was Section 9. Resolutions Committee. (No Change)

Section 9 was Section 10. Constitution and Bylaws Committee. (No Change)

Section 10. *Planning Committee.* The Planning Committee shall be an advisory committee to the House of Delegates and the Council, and shall consist of the President, the Secretary, the Treasurer, the Chairman of the Council, the Vice-Chairman of the Council and one Representative elected annually (with an Alternate) by each component society. The Planning

Committee shall elect a Chairman annually from its membership at its first meeting following the Annual Meeting of the Faculty.

It shall meet at least twice each year and shall undertake the development of new ideas for improvement in the services rendered by the Faculty to its component societies. It shall also give consideration to any matter referred to it by the Council or the House of Delegates, and report its findings and recommendations to the referring body.

Chapter X. Component Societies

Section 7. *Election of Delegates.* At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty active members in good standing, or major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Sessions.

Section 8. *Society Roster.* The Secretary of each component society shall keep a roster of its members and also a list of the non-affiliated registered physicians in the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in the State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any change in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall account for every physician who has lived in the county during the year.

Section 9. *Dues and Assessments.* The Secretary of each component society shall forward its per capita dues and assessments, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Active members who shall have paid their dues and assessments in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and By-Laws, Chapter 8, Section 5 of the By-Laws, shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments ten days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Chapter XI. Component Societies

Section 7. *Election of Delegates.* At some meeting in advance of the Annual Session of this Faculty, each component society shall elect at least one delegate and an additional delegate in the proportion of one delegate for fifty (50) active members in good standing or major fraction thereof, to represent it in the House of Delegates of this Faculty, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least thirty days before the Annual Session. The number of delegates from each component society shall be determined on a basis of the number of members in good standing as of December 31st preceding the Annual Meeting of the Medical and Chirurgical Faculty.

Section 8. *Society Roster.* The Secretary of each component society shall keep a roster of its members. In keeping such roster the Secretary shall note any change in the membership of the profession by death, or by removal to or from the component society, and in making his annual report he shall account for every member who has practiced in the geographical area of the component society during the year.

Section 9. *Dues and Assessments.* The Secretary of each component society shall forward its per capita dues and assessments, together with its roster of officers and members and list of delegates to the Secretary of this Faculty each year thirty days before the Annual Session. Active members who shall have paid their dues and assessments in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and Bylaws shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments thirty days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Section 10. *Penalties.* Any component society which fails to pay its dues and assessments, or make the report required, at least ten days before the Annual Meeting as specified in Section 9 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

Section 10. *Penalties.* Any component society which fails to pay its dues and assessments, or make the report required, at least thirty days before the Annual Meeting as specified shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

Section 11. Each component society shall have autonomy with regard to all affairs relating peculiarly and specifically to its geographical confines except as may be provided elsewhere in the Constitution and Bylaws.

Chapter XI. Miscellaneous

Chapter XII. Miscellaneous

Section 6. *Editorial Board.* There shall be an Editorial Board composed of six members of the Faculty, the Editor of the Maryland State Medical Journal and the Business Manager of the Maryland State Medical Journal.

The President shall appoint two members each year for a three-year term, thus sustaining continuity of action by the Editorial Board. The Editor and Business Manager shall continue to be appointed by the Council and shall serve at its pleasure.

Section 7. Delegates to the American Medical Association shall be nominated by the Nominating Committee at least two months prior to the Annual Meeting of the Medical and Chirurgical Faculty. Nominations may also be requested from the floor by the presiding officer. Any member elected as a Delegate to the American Medical Association shall begin his term of office on January first (1st) of the year following his election and his term of office shall be for three years.

Action: On motion duly made, seconded and carried, it was voted to defer discussion on these proposed Bylaw amendments until the Friday meeting.

NOMINATING COMMITTEE REPORT (Page 528)

Dr. F. Ford Loker, acting for the Chairman, Dr. C. Reid Edwards, presented the report of the Nominating Committee as follows:

President

WHITMER B. FIROR, Baltimore

Vice-Presidents

EDMOND J. McDONNELL, Baltimore
MERRILL M. CROSS, Silver Spring
HAROLD B. PLUMMER, Preston

Secretary

WILLIAM CARL EBELING, Baltimore

Treasurer

WETHERBEE FORT, Baltimore. To assume office at conclusion of Annual Meeting 1960.

Councilors

M. MCKENDREE BOYER, Damascus—South Central District
EVERETT S. DIGGS, Baltimore—Central District

EDWARD W. DITTO, JR., Hagerstown—Western District
W. ROYCE HODGES, JR., Cumberland—Western District
All Councilors to serve until Annual Meeting, 1963.

Councilor

EVERETT S. DIGGS, Baltimore—Central District
To serve unexpired term of Dr. F. J. Geraghty, until Annual Meeting, 1960.

Delegates and Alternates to American Medical Association

Delegate: ROBERT V.L. CAMPBELL, Hagerstown, 1962
Alternate: WILLIAM B. LONG, Salisbury, 1962
Delegate: J. SHELDON EASTLAND, Baltimore, 1961
Alternate: WILLIAM B. HAGAN, Mount Rainier, 1961

Committee on Scientific Work and Arrangements

JOSEPH B. WORKMAN, Baltimore, 1964

Library Committee

LESTER A. WALL, JR., Baltimore 1965

Finney Fund Committee

RICHARD G. COBLENTZ, Baltimore, 1962 (to fill unexpired term of Dr. John W. Chambers)
HENRY J. L. MARRIOTT, Baltimore, 1965

Board of Medical Examiners

WYLIE M. FAW, Cumberland, 1962

JOHN H. HORNBAKER, Hagerstown, 1963

FRANK K. MORRIS, Baltimore, 1963

The President asked for nominations from the floor.

*Action: On motion duly made, seconded and carried, it was voted that nominations from the floor be closed.***AMA DELEGATE ENABLING RESOLUTION**

HEREBY BE IT RESOLVED, THAT THE ADDITIONAL DELEGATE TO THE A.M.A., WHO SHALL BE ELECTED AT THE ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY, APRIL 15 AND APRIL 17, 1959, SHALL ASSUME OFFICE, AS SUCH, IMMEDIATELY FOLLOWING THE ANNUAL MEETING FOR THE SHORT TERM ENDING ON DECEMBER 31, 1959, AND SHALL BEGIN HIS REGULAR TERM OF OFFICE ON JANUARY 1, 1960. THE REGULAR TERM OF OFFICE SHALL BE FOR THREE YEARS.

Action: On motion duly made, seconded and carried, the resolution was passed unanimously.

The meeting adjourned at 12:15 p.m.

Respectfully submitted,

WILLIAM CARL EBELING, M.D., *Secretary***MINUTES OF THE 229th MEETING****Friday, April 17, 1959**

The 229th meeting of the House of Delegates of the Medical and Chirurgical Faculty of the State of Maryland was held at the Alcazar, Baltimore, Maryland. The meeting was called to order by the President, Dr. J. Sheldon Eastland, at 2:10 p.m., on Friday, April 17, 1959.

The following delegates registered: Manning W. Alden, Anne Arundel County; W. A. Anderson, Baltimore City; John G. Ball, Montgomery County; Francis J. Borges, Baltimore City; C. Holmes Boyd, Baltimore City; M. McKendree Boyer, Council; Leo Brady, Council; A. T. Brice, Council; Howard M. Bubert, Council, Robert vL. Campbell, Council; O. D. Christensen, Wicomico County; E. Ellsworth Cook, Jr., Baltimore City; E. I. Cornbrooks, Baltimore City; G. C. Coulbourn, Somerset County; L. E. Daugherty, President-Elect; M. B. Davis, Baltimore County; J. M. Dennis, Baltimore City; Ernest A. Dettbarn, Frederick County; Everett S. Diggs, Council; E. W. Ditto, Jr., Council; J. S. Eastland, President; W. C. Ebeling, Secretary; W. L. Etienne, Prince George's County; R. W. Farr, Kent County; W. B. Firor, Council; R. S. Fisher, Council; James Garnett, Talbot County; A. E. Goldstein, Council; Wm. E. Grose, Baltimore City; W. B. Hagan, Prince George's County; J. S. Haines, Baltimore City; J. Handelsman, Baltimore City; Page C. Jett, Calvert County; W. L. Kilby, Baltimore City; H. F. Kinnamon, Council; R. C. LaMar, Worcester County; C. R. Layton, Queen Anne's County; W. D. Lynn, Baltimore City; H. B. Mays, Baltimore City; S. Morrison, Baltimore City; W. S. Murphy, Montgomery County; C. F. O'Donnell, Council; W. F. Pearce, Baltimore City; W. Pillsbury, Baltimore County; H. B. Plummer, Caroline County; J. E. Queen, Baltimore City; J. Morris Reese, Baltimore County; R. C. V.

Robinson, Baltimore City; A. B. Rohrbaugh, Jr., Montgomery County; Arthur G. Siwinski, Baltimore City; W. C. Stiller, Baltimore City; E. Stinson, Jr., Baltimore City; D. H. Stone, Baltimore City; M. E. Strobel, Baltimore County; J. F. Supplee, Baltimore City; Edward A. Thompson, Carroll County; Hilda J. Walters, Allegany-Garrett County; H. Welcome, Baltimore City; E. H. Wolff, Dorchester County; A. C. Woods, Baltimore City; A. O. Wooddy, Charles County; R. B. Wright, Baltimore City; George Yeager, Council; A. D. Young, Baltimore City; and R. A. Young, Washington County.

Present also for this meeting were: Messrs. W. N. Kirkman, John Sargeant, and Mrs. Anna Wynde Leake.

ELECTION OF OFFICERS*Action: On motion duly made, seconded and carried, the following officers were elected by acclamation:**President*

WHITMER B. FIROR, Baltimore

Vice-Presidents

EDMOND J. McDONNELL, Baltimore

MERRILL M. CROSS, Silver Spring

HAROLD B. PLUMMER, Preston

Secretary

WILLIAM CARL EBELING, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councilors

M. MCKENDREE BOYER, Damascus—South Central District

EVERETT S. DIGGS, Baltimore—Central District

EDWARD W. DITTO, JR., Hagerstown—Western District

W. ROYCE HODGES, JR., Cumberland—Western District

All of the above Councilors for term expiring after annual meeting, 1963.

EVERETT S. DIGGS, Baltimore—Central District

For unexpired term of Dr. F. J. Geraghty, until after annual meeting, 1960.

*Delegates and Alternates to American Medical Association**Delegate:* ROBERT vL. CAMPBELL, Hagerstown (1962)*Alternate:* WILLIAM B. LONG, Salisbury (1962)*Delegate:* J. SHELDON EASTLAND, Baltimore (1961)*Alternate:* WILLIAM B. HAGAN, Mount Rainier (1961)*Committee on Scientific Work and Arrangements*

JOSEPH B. WORKMAN, Baltimore (1964)

Library Committee

LESTER A. WALL, JR., Baltimore (1965)

Finney Fund Committee

RICHARD G. COBLENTZ, Baltimore (1962) (to fill unexpired term of Dr. John W. Chambers)

HENRY J. L. MARRIOTT, Baltimore (1965)

MEMOIR APPOINTEE (Page 526)

RECOMMENDATION OF THE MEMOIR APPOINTEE, "THAT THIS OFFICE BE ABOLISHED, THE PUBLICATION DONE IN THE JOURNAL OFFICE AND THE READING OF THE NAMES AT FUTURE ANNUAL MEETINGS BE BY THE PRESIDENT, WITH SUCH REMARKS AS HE DEEMS APPROPRIATE."

Action: On motion duly made, seconded and carried, it was voted to accept this recommendation.

LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS AND INTERN AND RESIDENCY TRAINING PROGRAMS REPORT (Page 501)

Dr. Herbert E. Wilgis, Chairman, presented supplemental remarks to his committee's annual report, which required no action by the House of Delegates.

Action: On motion duly made, seconded and carried, it was voted to accept the report of this committee as printed.

DIABETES COMMITTEE REPORT (Page 517)

The amended recommendation of this committee, which is as follows, was presented to the House of Delegates for action: "THE COMMITTEE ON DIABETES IS TO BE RE-APPOINTED BY THE PRESIDENT BUT NO DIABETES DETECTION DRIVE BE CONDUCTED UNLESS COMPONENT SOCIETIES WISH THEM TO BE CONDUCTED, AND ITS ACTIVITIES OTHERWISE BE CONFINED TO EDUCATIONAL PURPOSES."

Action: On motion duly made, seconded and carried, the report of this committee was accepted as amended.

TUBERCULOSIS COMMITTEE REPORT (Page 534)

This committee report contained the following recommendations:

CHEST X-RAYS SHOULD BE TAKEN ON ALL ADULT ADMISSIONS TO GENERAL HOSPITALS AND TO NURSING HOMES WHEN THEY HAVE NOT BEEN TAKEN IN THE PREVIOUS THREE MONTHS.

TO FURTHER THIS, THE SECRETARY OF EACH COMPONENT SOCIETY SHOULD SEND A COPY OF THE RECOMMENDATION TO THE DIRECTOR AND MEDICAL CHIEF OF STAFF OF EACH GENERAL HOSPITAL AND NURSING HOME IN ITS AREA.

Considerable discussion took place on these recommendations.

Action: On vote, duly made and seconded, this motion was lost.

COMMITTEE ON VETERANS MEDICAL CARE (Page 535)

This committee recommended the following:

THAT THE SECRETARY WRITE AGAIN TO EACH STATE MEDICAL SOCIETY AND INQUIRE WHAT ACTION WAS TAKEN ON THE RECOMMENDATIONS WITH REGARD TO VETERANS MEDICAL CARE APPROVED BY OUR HOUSE OF DELEGATES LAST YEAR AND FORWARDED TO THEM. THAT HE FURTHER STATE THAT WE ARE VERY ANXIOUS TO GET CONCERTED ACTION BY ALL STATE MEDICAL SOCIETIES SO THAT WE WILL HAVE SOME CHANCE OF GETTING A CONGRESSIONAL HEARING BEFORE THE HOUSE VETERANS AFFAIRS COMMITTEE.

THAT THE SECRETARY BE INSTRUCTED TO WRITE A SIMILAR LETTER TO THE EXECUTIVE VICE PRESIDENT OF THE A.M.A. REQUESTING THAT THE A.M.A. TAKE SIMILAR ACTION AND FOR THE SAME REASON.

Action: On motion duly made, seconded and carried, it was voted to approve these recommendations.

COMMITTEE ON PREVENTION OF AUTOMOTIVE HIGHWAY DISASTERS (Page 502)

THIS COMMITTEE RECOMMENDED THAT IT BE CONTINUED.

Action: On motion duly made, seconded and carried, it was voted to continue this committee.

COMMITTEE TO STUDY SIMPLIFIED INSURANCE FORMS (Page 520)

THIS COMMITTEE RECOMMENDED ADOPTION OF THE SIMPLIFIED FORM PUBLISHED IN THE COMMITTEE REPORTS, AS AMENDED.

Action: On motion duly made, seconded and carried, it was voted that this be approved and discharge of the committee when it has completed its task.

MEDICAL ECONOMICS COMMITTEE (Page 525)

A report of the activities of this committee to date was made by Dr. Charles F. O'Donnell acting in the absence of the Committee Chairman.

Action: On motion duly made, seconded and carried, it was voted to accept this progress report.

COMMITTEE TO MEET WITH THE STATE DEPARTMENT OF EDUCATION REGARDING THE PUPIL MEDICAL RECORD FORM (Page 533)

The committee substituted the following recommendation for the one contained in its original report:

IT IS RECOMMENDED THAT A SHORT PUPIL MEDICAL RECORD FORM BE ADOPTED.

Action: On motion duly made, seconded and carried, it was voted to accept this recommendation, with such a form to be brought back to the House of Delegates for final approval.

MARYLAND MEDICAL SERVICE AND MARYLAND HOSPITAL SERVICE

The President called for questions regarding these two reports, stating that permission of the House must be obtained to allow Mr. Dabney or Mr. Kelly to address the House.

Dr. Christensen, Wicomico County, asked questions of Mr. Dabney as to whether or not some consideration had been given to instituting a deductible or percentage pay basis at a cheaper premium rate.

Action: On motion duly made, seconded and carried, Mr. Dabney was granted the privilege of the floor.

Mr. Dabney outlined some of the difficulties involved in presenting this type of program and selling it to the public. He also outlined the actions being taken by the Maryland Hospital Service, Inc., in connection with so-called over-utilization of hospital services. He urged full cooperation of

the hospital, Blue Cross and Blue Shield and physicians, "to hold to the voluntary system against what some people feel is a lot nearer than others and that is some types of governmental controls."

Dr. Christensen asked that the House urge Blue Cross and Blue Shield not only to offer a co-insurance plan, but to strongly back it, to assist us in controlling the public's cost in the voluntary health program.

Action: On motion duly made, seconded and carried, it was voted that this action be taken.

Action: On motion duly made, seconded and carried, it was voted to accept the report of the Maryland Medical Service, Inc., as published.

OTHER COMMITTEE REPORTS

Action: On motion duly made, seconded and carried, it was voted to accept all the remaining committee reports as published.

COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEMS OF SPECIALTIES, RADIOLOGY, PATHOLOGY AND ANESTHESIOLOGY (Page 520)

Action: On motion duly made, seconded and carried, it was voted to continue this committee as requested by it.

LEGISLATIVE COMMITTEE (Page 521)

Dr. Karl F. Mech, Chairman, spoke briefly on activities in the State and Federal Legislatures. He expressed appreciation to the Components, Mr. Kirkman and others who worked with him in the State Legislature and for all of their activities.

MOTION OF THANKS TO DR. FRANK SHIPLEY

Action: On motion duly made, seconded and carried, it was unanimously voted that Dr. Shipley be extended a vote of thanks for his untiring efforts at the State Legislature in behalf of the medical profession.

STUDENT A.M.A. DONATION

Action: On recommendation of the Committee on Finance and Budget, it was voted that \$100.00 be donated to the University of Maryland Medical School Chapter of the Student A.M.A.

RESOLUTIONS COMMITTEE

The Report of the Resolutions Committee was then presented by Dr. Robert vL. Campbell, Chairman of this committee.

RESOLUTION

Submitted by the Baltimore City Medical Society

In re: The Importance of Active Immunization of the General Public against Tetanus by the Administration of Tetanus Toxoid

WHEREAS, THERE HAS BEEN AN INCREASE IN ALL AGE GROUPS IN THE INCIDENCE OF TRAUMA, AND

WHEREAS, THE CONSTANT THREAT OF ENEMY ATTACK FROM BEYOND OUR SHORES IS NOW EVER PRESENT, AND

WHEREAS, THE MAJOR PORTION OF OUR POPULATION HAS NOT BEEN ACTIVELY IMMUNIZED AGAINST TETANUS, EVEN THOUGH SUCH PROTECTION HAS BEEN AFFORDED TO ALL FORMER ARMED SERVICE PERSONNEL AND MOST CHILDREN SINCE 1940, AND

WHEREAS, THE RATE OF TEMPORARY DISABILITY DUE TO REACTIONS TO TETANUS ANTITOXIN ADMINISTRATION IS HIGH DESPITE ALL PRECAUTIONS, AND PERMANENT DISABILITY AND EVEN DEATH DO OCCUR FOLLOWING THE USE OF TETANUS ANTITOXIN, AND

WHEREAS, IN THE TIME OF SUDDEN EMERGENCY WITH LARGE MASSES OF INJURED, IT WOULD BE WELL NIGH IMPOSSIBLE TO ADEQUATELY TEST LARGE NUMBERS OF CASUALTIES FOR SENSITIVITY TO FOREIGN PROTEIN, AND

WHEREAS, THE ABOVE-MENTIONED COMPLICATIONS OF THE ADMINISTRATION OF TETANUS ANTITOXIN CONSTITUTE A PUBLIC HEALTH PROBLEM IN THIS STATE, EVEN THOUGH THE INCIDENCE OF TETANUS AS A DISEASE IS LOW; THEREFORE BE IT

RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND GO ON RECORD AS FAVORING THE ACCOMPLISHMENT OF UNIVERSAL, ACTIVE IMMUNIZATION OF THE POPULATION, PREFERABLY BY THE ADMINISTRATION OF TOXOID BY THE FAMILY PHYSICIAN, AND FURTHER BE IT

RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND REQUEST THE MARYLAND STATE HEALTH DEPARTMENT TO HELP PUBLICIZE THE IMPORTANCE OF THIS PROBLEM AND TO UNDERTAKE THE ACTIVE IMMUNIZATION OF THE INDIGENT, WHO ARE NOW CARED FOR UNDER THE MEDICAL CARE PROGRAM, AND BE IT

RESOLVED, THAT THIS MATTER BE BROUGHT TO THE ATTENTION OF THE STATE AND NATIONAL CIVIL DEFENSE ORGANIZATIONS, AND BE IT

RESOLVED, THAT A RECORD OF THIS ACTION BE SENT TO THE EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AS A SUITABLE SUBJECT OF EDITORIAL COMMENT.

The Committee approves of the above resolution.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

Action: The above motion, being duly seconded, was passed unanimously.

RESOLUTION

Submitted by the Prince George's County Medical Society

In re: Compulsory Medical Society Membership

WHEREAS, DYNAMIC CHANGES HAVE TAKEN PLACE AFFECTING THE PRIVATE PRACTICE OF MEDICINE BY SPECIAL PRIVILEGE GROUPS SUCH AS LARGE CORPORATIONS, INSURANCE COMPANIES AND TRADE UNIONS, AND

WHEREAS, THE TRADITIONAL PHYSICIAN-PATIENT RELATIONSHIP IS BEING THREATENED BY VARIOUS MASS MEDICAL PLANS, AND

WHEREAS, ORGANIZED MEDICINE IS BEING BLAMED AND ACCUSED FOR THE ERRORS AND SHORTCOMINGS OF MASS MEDICAL PLANS, AND

WHEREAS, ORGANIZED MEDICINE IS PRESENTLY WITHOUT THE POWER TO CONTROL SAID MASS MEDICAL CARE PLANS,

BE IT RESOLVED, THAT THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND SEEK ENABLING LEGISLATION TO REQUIRE COMPULSORY MEMBERSHIP IN A COMPONENT MEDICAL SOCIETY OF THE MEDICAL AND CHIRURGICAL FACULTY IN ORDER TO MAINTAIN HIGH PROFESSIONAL AND ETHICAL STANDARDS INCIDENT TO THE RIGHT AND PRIVILEGE OF PRACTICING MEDICINE IN THE STATE OF MARYLAND.

This resolution raises moral and ethical problems which must not be treated lightly. Any move in our Society toward this goal must be taken only after the most careful thought relative to the legal and moral issues involved. Precedent should be investigated; the help of our own and the AMA legal department should be elicited; providing we can settle in our own minds affirmatively this one basic question, "Should we attempt to legislate out of the practice of medicine a certain minority of physicians who differ with the rest of us about these basic problems?"

The resolution being considered is vague as to what "errors and shortcomings" and "mass medical plans" specifically mean. The line cannot be clearly drawn, in some instances, between what is acceptable and not acceptable to us. As the matter now stands some honest differences in opinion do occur. The A.M.A. is now attempting to revamp and modernize its own opinion by polling component societies in regards to these matters.

Would we not, in effect, be establishing a closed shop union; the very thing for which we criticize organized labor? Proponents of the resolution would state we must fight fire with fire and present a solid front to other organizations. Opponents would ask, do the means justify the end?

The adoption, or disapproval of this resolution, must not be hasty or ill-advised.

The Resolutions Committee recommends that action on this Resolution be deferred for consideration at a future meeting. In the meantime in order to give adequate time for discussion, legal advice will be sought, precedent will be investigated, and the results of these findings will be sent to each component society.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

Action: The above motion was duly seconded and the matter was opened for discussion.

Discussion of this proposal took place by Drs. William B. Hagan, Prince George's County; Dr. Leo Brady, Baltimore City; Dr. Harold Plummer, Caroline County; Dr. Wolcott Etienne, Prince George's County; Dr. Austin Rohrbraugh, Montgomery County; Dr. Jack Handelsman, Baltimore City.

Dr. Hagan offered the following amendment to the motion: **THIS RESOLUTION BE SPECIFICALLY REFERRED TO THE PLANNING COMMITTEE FOR FURTHER STUDY AND THAT A REPORT BE BROUGHT TO THE SEMIANNUAL MEETING.**

There being no objections from the Resolutions Committee, the amendment was declared as accepted.

Action: On vote, the motion as amended was carried.

RESOLUTION

Submitted by the Council of the Medical and Chirurgical Faculty

In re: Annual Registration

WHEREAS, THE LATEST AMA DIRECTORY SHOWS THAT THERE ARE 3,824 PHYSICIANS LICENSED TO PRACTICE MEDICINE IN MARYLAND; AND

WHEREAS, THE LATEST STATISTICS FROM THE BOARD OF MEDICAL EXAMINERS INDICATES THAT THERE ARE AN UNKNOWN NUMBER OF PHYSICIANS LICENSED TO PRACTICE MEDICINE IN MARYLAND; AND

WHEREAS, THERE IS NO ACCURATE RECORD OF SUCH INFORMATION THAT IS OBTAINABLE FROM ONE READY SOURCE; AND

WHEREAS, A PHYSICIAN MAY REMOVE HIMSELF FROM THE STATE, DIE, LOSE HIS LICENSE IN ANOTHER STATE, BE CONVICTED OF A CRIME, OR MORAL TURPITUDE, OR SOME OTHER ACT; AND

WHEREAS, HIS LICENSE TO PRACTICE MEDICINE IN MARYLAND UNDER PRESENT ARRANGEMENTS COULD CONTINUE IN FORCE; AND

WHEREAS, A TOTAL OF THIRTY-SIX STATES PRESENTLY HAVE A SYSTEM OF ANNUAL REREGISTRATION; AND

WHEREAS, THIS HAS PROVED A SATISFACTORY METHOD OF COMBATING THE DIFFICULTIES ENUMERATED ABOVE; AND

WHEREAS, THE COUNCIL, AFTER DISCUSSING REREGISTRATION OF PHYSICIANS AS SUGGESTED BY THE PLANNING COMMITTEE REPORT, CHARGED THE CHAIRMAN OF THE RESOLUTIONS COMMITTEE TO DRAW UP AN APPROPRIATE RESOLUTION; NOW THEREFORE BE IT

RESOLVED, THAT THE HOUSE OF DELEGATES APPROVE IN PRINCIPLE REREGISTRATION OF PHYSICIANS IN MARYLAND.

RESOLVED, THAT THE BOARD OF MEDICAL EXAMINERS, IN CONJUNCTION WITH THE ATTORNEY GENERAL, DRAW UP THE NECESSARY AMENDMENTS IN THE MEDICAL PRACTICE ACT TO EFFECT SUCH CHANGES, KEEPING IN MIND THE FOLLOWING PRINCIPLES:

FIRST, SIMPLICITY OF REREGISTRATION.

SECOND, ADEQUATE LENIENCY AS REGARDS POSSIBLE UNAVOIDABLE ERRORS, SUCH AS NON-RECEIPT OF FORMS DUE TO MAILING, IMPROPER ADDRESSES, VACATION PERIODS, ETC.

THIRD, ABSOLUTE ASSURANCE IN THE LAW AS REGARDS MISUSE OF REREGISTRATION AS A MEANS OF REVOKING LICENSURE.

FOURTH, FAIR PENALTIES (NOT INCLUDING REVOCATION OF LICENSURE) FOR THOSE NOT COMPLYING.

RESOLVED, THAT FINAL ACTION OF THE HOUSE

OF DELEGATES BE MADE ON THE PROPOSED LAW ITSELF AS SUBMITTED AT SOME FUTURE DATE, BEFORE IT IS SUBMITTED TO THE LEGISLATURE.

Many will recall a similar resolution was considered by the House of Delegates in September 1954 and was tabled. Many of our members felt that the Board of Medical Examiners could use reregistration as a means of revoking licensure.

The above resolution in effect asks that the Board of Medical Examiners after adequate legal counsel, bring back to us the necessary laws in final form that are required to enact the Resolution. At that time, the actual law will be discussed before the House of Delegates and be either approved, disapproved or amended.

Mr. President, I move the adoption of this portion of the report of the Resolutions Committee.

Action: On being duly seconded this motion was carried unanimously.

Action: On motion duly made, seconded and carried, the Resolutions Committee Report as a whole as amended was adopted.

BUILDING COMMITTEE REPORT (Page 502)

The Building Committee Recommendation:
THAT COUNCIL BE EMPOWERED WITH THE AUTHORITY TO PROCEED WITH THE ABOVE WORK IF, IN THE COUNCIL'S OPINION, SUCH STEPS ARE NECESSARY AND DESIRABLE.

Action: On motion duly made, seconded and carried, the motion was passed unanimously.

BYLAWS AMENDMENTS—FINAL ACTION

BYLAWS

OLD

Chapter I, Membership

Section 1. This Faculty shall consist of Active Members, Associate Members, Emeritus Members, Fifty Year Members, Nonresident Members and Honorary Members.

Section 2. *The Active Members* of this Faculty shall be the Active Members of the component medical societies.

Section 3. *Associate Members.* Doctors of Medicine or those holding academic degrees of equal rank, who are not engaged in the private practice of medicine, shall be eligible for associate membership.

Only those Associate Members who pay the full rate of \$15.00 per year shall receive the Journal, without additional cost.

The members of the Baltimore City Dental Society in good standing with their own society shall be designated as associate members.

Associate Members shall have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, to hold such meetings in the building as meet with the approval of the House Committee, but do not have a right of defense for malpractice, nor to vote, nor to hold office.

Section 4. *Affiliate Members.* Affiliate Members shall be physicians licensed to practice medicine in Maryland who are not eligible for active membership in the Medical and Chirurgical Faculty because they are active members in other constituent associations of the American Medical Association.

Affiliate Members shall receive the Journal and shall have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, to hold such meetings in the building as meet with the approval of the House Committee, but do not have the right of defense for malpractice, nor to vote, nor to hold office.

NEW

Chapter I, Membership

Section 1. Membership in a Component Medical Society mandatorily confers membership in the Medical and Chirurgical Faculty with all rights, privileges and responsibilities thereunto appertaining.

Section 2. *This Faculty* shall consist of Active Members, Associate Members, Affiliate Members, Emeritus Members, Fifty Year Members, and Honorary Members.

Section 3. *The Active Members* of this Faculty shall consist of Active Members who are in good standing in their respective component medical societies.

Section 4. *Associate Members* of this Faculty shall consist of (1) Doctors of Medicine or those holding academic degrees of equal rank, who are not engaged in the clinical practice of medicine, and Doctors of Medicine engaged in clinical practice and in full-time teaching positions in a medical school having a rank below that of Associate Professor; (2) Doctors of Medicine on the resident staff of a hospital or Fellowship and not in private practice; (3) Members of the Baltimore City Dental Society in good standing with their own Society.

Section 5. *Affiliate Members* of this Faculty shall consist of (1) Physicians licensed to practice medicine in Maryland who are not eligible for active membership in the Medical and Chirurgical Faculty because they are active members in other constituent associations of the American Medical Association and (2) those active members who have removed from the State and wish to retain their affiliation with the Faculty.

Section 5. *Emeritus Members.* An Active Member in good standing may, on the recommendation of the Council, and a majority vote of the House of Delegates, be made an Emeritus Member, enjoying without payment of dues all the privileges of the Faculty, except of holding office and he shall not be eligible for Physicians' Defense for alleged malpractice occurring after becoming an emeritus member.

Section 6. *Fifty Year Members.* Any physician who has been an Active Member of the Faculty in good standing for fifty years, or over, is automatically entitled to all the privileges of active membership without the payment of dues if the said member so desires.

Section 7. *Nonresident Members.* Nonresident Members shall be such Active Members as have removed from the State and wish to retain their affiliation with the Faculty of Maryland.

Section 8. *Honorary Members.* The title of Honorary Member may be conferred upon any distinguished member of the American Medical Association residing out of the State, or upon any distinguished foreign physician, upon recommendation of the Council.

Chapter II. Dues and Assessments.

Section 1. *Active Members.* Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. The amount of the dues shall be \$50.00 per capita per annum for active members of the Component Societies, with the following exceptions:

a. In the Component Medical Societies the following rates shall prevail; for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.

b. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.

c. The dues of a licensed physician in Maryland who holds academic position on a strict full time salary basis, other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an associate professor, and he shall not be liable for assessment.

The per capita dues and assessments are to be included in annual dues of the individual member as paid to his component society; and any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues and assessments have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provisions of Physicians' Defense.

Section 2. *Associate Members.* The annual dues for associate members shall be \$15.00 per year, and shall be payable January 31, in advance, with the following exception:

a. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.

Section 6. *Emeritus Members* shall be those Active Members in good standing who, upon request of the component society and on the recommendation of the Council and a majority vote of the House of Delegates, are designated Emeritus Members.

Section 7. *Fifty Year Members* are those members who have been Active Members of the Faculty in good standing for fifty years.

Delete in toto.

Section 8. *Honorary Members* shall be those individuals designated, upon recommendation of the Council, or the House of Delegates, to receive this title.

Chapter II. Dues and Assessments.

Section 1. Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. These shall be fixed from time to time by the House of Delegates and shall be binding on all members.

Beginning April 17, 1959, the dues shall be as follows:

Active Members: Active members of the Medical and Chirurgical Faculty of the State of Maryland shall pay \$50.00 per capita per year for active members of the component medical societies, except that they shall be \$15.00 per year for the first year in private practice and \$25.00 per year for the second year in private practice.

Associate Members: Associate members of the Medical and Chirurgical Faculty of the State of Maryland shall pay as follows:

Doctors of Medicine or those holding academic degrees of equal rank who are not engaged in the clinical practice of medicine and Doctors of Medicine engaged in the clinical practice of medicine and full-time teaching in a medical school who have a rank below that of Associate Professor, \$25.00. Doctors of Medicine on the resident staff of a hospital or fellowship, and not in clinical practice, \$5.00.

Members of the Baltimore City Dental Society \$3.00 per year for each of its members, which will be paid to the Treasurer of the Medical and Chirurgical Faculty by the Treasurer of the Baltimore City Dental Society. In addition, the Treasurer of the Baltimore City Dental Society will also pay the sum of \$50.00 per year to the Medical and Chirurgical Faculty for the purchase of dental books and journals.

Affiliate Members: The annual dues for Affiliate Members shall be \$15.00 per year.

Section 2. *Exemptions.* Members exempt from payment of dues and assessments are as follows: Emeritus Members, Fifty Year Members and Honorary Members. Members exempt from payment of assessments are as follows: Associate Members and Affiliate Members.

b. The Treasurer of the Baltimore City Dental Society shall pay to the Treasurer of the Medical and Chirurgical Faculty each year the sum of \$3.00 as annual dues for each of its members who shall be designated as associate members. The Treasurer of the Baltimore City Dental Society shall also pay annually to the Medical and Chirurgical Faculty the sum of \$50.00 for the purchase of dental books and journals.

Section 3. *Affiliate Members.* The annual dues for affiliate members shall be \$10.00 per year, and shall be payable January 31, in advance, and shall not be liable for assessment.

Section 4. *Nonresident Members* shall pay \$5.00 dues per annum directly to the Treasurer and shall receive all notices and publications.

Section 5. The fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

Section 3. The fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

Section 4. *Component Societies* will establish their own dues in accordance with their Constitution and Bylaws.

Section 5. The per capita dues and assessments are to be paid by the individual member through his component society. Any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an Active Member in good standing. However, it is herein exacted that only Active Members whose dues and assessments have been paid in advance before January thirty-first of each current year will be eligible for legal defense for any suit alleging professional liability.

Chapter III. Rights and Privileges of Members.

Section 1. *Active Members* shall have all the rights and privileges of full members, including the right to Physicians' Defense, subscription to the Maryland State Medical Journal, privileges of voting and holding office, rights to attend Annual and Semiannual Meetings of the Faculty and any other rights and privileges not specifically spelled out in these Bylaws.

Section 2. *Associate Members* shall have all the rights and privileges of Active Members except the right to vote or hold office. Further, only those Associate Members who are Doctors of Medicine on the resident staff of a hospital or fellowship and not in private practice, have the right to legal defense in the event of an alleged case of professional liability. Associate Members have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, and to hold such meetings in the building as meet with the approval of the Executive Committee.

Section 3. *Affiliate Members* shall have all the rights and privileges of Active Members except the right to vote, hold office and the right to legal defense in the event of a suit for professional liability.

Section 4. *Emeritus Members* shall have all the rights and privileges of Active Members, except the right to vote, hold office or the right to legal defense in the event of a suit for professional liability.

Section 5. *Fifty Year Members* who qualify for this category of membership after being in good standing for fifty years are automatically entitled to all privileges of active membership including the right to legal defense in the event of a suit for professional liability without the payment of dues.

Section 6. *Honorary Members* shall have all the privileges of Active Members, except the right to vote, hold office and legal defense for any suit alleging professional liability.

Section 7. *Professional liability* as used throughout the sections of these Bylaws is interpreted to mean that liability which is peculiar to the practice of medicine and which arises during or out of the professional activities of the physician.

Chapter III. General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President, one of the Vice-Presidents, and at such meetings shall be delivered the address of the President and the orations.

*Chapter IV. House of Delegates.**Chapter V. Election of Officers.*

Section 2. The recommendations of the Nominating Committee shall be presented at the Annual Meeting, at the first meeting of the House of Delegates after which the President is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Chapter VII. Duties of Officers.

Section 1. The President shall preside at all the meetings of the Faculty and of the House of Delegates. Upon the direction of the House of Delegates or the Council, he shall appoint all committees for which provision has not been made. He shall deliver an annual address at such times as may be arranged by the Committee on Scientific Work and Arrangements. He shall preserve order, enforce the observance of the Constitution and Bylaws, and cast the deciding vote in all cases of equal division. He shall be ex officio member of all committees.

Section 3. *Secretary.* The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex officio Secretary of the Council. He shall be ex officio member of all committees. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by Counties, noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it

Chapter IV. General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President, President-elect, one of the Vice-Presidents, or any other officer, and at such meetings shall be delivered the address of the President and the orations.

Chapter V. House of Delegates.

Section 9. A *Speaker and/or Vice-Speaker* of the House may preside at meetings as provided elsewhere in the Bylaws.

Chapter VI. Election of Officers.

Section 2. The recommendations of the Nominating Committee shall be presented at the Annual Meeting at the first meeting of the House of Delegates after which the presiding officer is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Chapter VIII. Duties of Officers.

Section 1. The President may preside at all meetings of the Faculty. He may appoint committees with the approval of the House of Delegates, the Council and the Executive Committee of the Council. He may deliver an annual address at such times as may be arranged by the Committee on Scientific Work and Arrangements. He shall preserve order, enforce the observance of the Constitution and Bylaws, and cast the deciding vote in all cases of equal division. He shall be ex officio member of all committees except the Nominating Committee. He shall perform such other duties as usually pertain to the office and as may be prescribed by the Society in the Bylaws or in any resolutions it may pass.

Section 3. *Secretary.* The Secretary shall attend all the General Meetings of the Faculty and the meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex officio Secretary of the Council. He shall be ex officio member of all committees. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the co-operation of the secretaries of the component societies, keep a card-index register of the members of the Medical and Surgical Faculty, noting on each his status in relation to his component society, and on request shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same,

over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Section 4. *Assistant Secretaries.* The Secretary may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Recording Secretary. The tenure of office of those appointees will be at the pleasure of the Secretary.

Chapter VIII. The Council.

Section 2. (Was Section 1)

Section 3. (Was Section 2) In the event of the resignation, removal or death of (1) any of the elected officers, or officers-elect, (2) a delegate to the House of Delegates of the American Medical Association, (3) of a councilor, (4) of any member of the following Committees: Committee on Scientific Work and Arrangements, the Library Committee, the Finney Fund Committee, the House Committee—the Council shall have authority to select an active member in good standing to fill the vacancy until the next Annual Meeting of the House of Delegates.

Section 4. (Was Section 3) The Chairman of the Council shall assign to the component societies members of the Council who shall be available to advise and consult with the component societies.

Section 8. (Was Section 7) The Council shall have the power to appoint all employees of the Faculty, and to fix the compensation to be received by each. This authority carries with it the right to discharge any employees, for due cause; but either in discharging or employing, it is to receive and consider the recommendations of the Library Committee, or the House Committee, according to the authority vested in them under these By-Laws.

and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Section 4. *Assistant Secretaries.* The Secretary may request the Council to appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Recording Secretary. The tenure of office of those appointees will be at the pleasure of the Council.

* Section 6. *Assistant Treasurer.* The Treasurer may request the Council to appoint one member of the Faculty in good standing as an Assistant Treasurer to whom he may allot the duties usually pertaining to the Assistant Treasurer. The tenure of office of this appointee will be at the pleasure of the Council.

Chapter IX. The Council.

† Section 2. The Council shall meet on the day of the annual session, preceding the meeting of the House of Delegates, during the sessions and at such other times as necessity may require, subject to the call of the Chairman, or on petition of three Councilors. It shall elect a Chairman and a Vice-Chairman from its own membership annually immediately following the last meeting of the House of Delegates at the annual session. This shall become effective following the Annual Meeting in 1960. It shall, through its Chairman, make an annual report to the House of Delegates. Fifteen members shall constitute a quorum.

Section 3. In the event of the resignation, removal or death of (1) any of the elected officers, or officers-elect, (2) a delegate to the House of Delegates of the American Medical Association, (3) a Councilor, (4) any member of the following Committees: Committee on Scientific Work and Arrangements, the Library Committee and the Finney Fund Committee—the Council shall have authority to select an active member in good standing to fill the vacancy until the next Annual Meeting of the House of Delegates.

Section 4. The Chairman of the Council may assign to the component societies members of the Council who shall be available to advise and consult with the component societies.

Section 8. The Council shall have the power to appoint all key employees of the Faculty, and to fix the compensation to be received by each. The Executive Secretary, however, shall have the right to employ personnel and similarly to discharge personnel during their six month probationary period. The Executive Committee shall have the power to discharge personnel who have completed their probationary period. The Executive Committee shall consider the recommendations of the Executive Secretary and/or the Library Committee.

Routine secretarial work may be conducted by the employees of the Faculty with the approval of the Executive

* See page 461, House of Delegates minutes April 15, 1959, Section 5. Treasurer, and also page 477 of April 17, 1959 on this same Section.

† Section 1 of Chapter IX, action to be taken at 1960 Annual Meeting (See page 461, April 15, 1959 for this Section.)

Section 9. (Was Section 8) The Executive Committee of the Council shall consist of the Chairman and the Vice-Chairman of the Council, the President, the Secretary and the Treasurer.

Between the meetings of the Council it shall act in an advisory capacity to the officers and Staff in questions of immediate importance, but it shall have no power or authority to conduct any of the regular or assigned duties of the Council.

Chapter IX. Standing Committees

Section 1. The standing committees which are to be elected by the House of Delegates, are as follows: Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee.

The standing committees which are to be named by the President, organized as hereinafter provided, are the Resolutions Committee and the Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: Nominating Committee, House Committee, Committee on Finance and Budget, Professional Conduct Committee and Planning Committee.

Section 6. *The House Committee.* This Committee shall consist of the Executive Committee of the Council (the Chairman and the Vice-Chairman of the Council, the President, the Secretary and the Treasurer) plus the Chairman of the Library Committee. The House Committee shall have full charge of the buildings and other property owned and used by the Faculty. It shall make recommendations to the Council for the repair and maintenance of such properties, but shall not enter into any contracts unless authorized by the Council. It shall exercise supervisory control over the members of the staff and other employees (other than the Library Staff) as to changes in personnel, filling vacancies, adjustments of salaries, etc., but the power to make appointments and to fix salaries shall reside in the Council.

Section 11. *Planning Committee.* The Planning Committee shall be an advisory committee to the House of Delegates and the Council, and shall consist of the President, the Secretary, the Treasurer, the Chairman of the Council, the Vice-Chairman of the Council and one Representative elected annually (with an Alternate) by each Component Society.

Committee. Financial support in connection with such work should come from the bodies for which such work is performed.

Section 9. *The Executive Committee* of the Council shall consist of the Chairman and Vice-Chairman of the Council, the President, the President-elect, the Secretary and the Treasurer. Between the meetings of the Council it shall act in an advisory capacity to the officers and staff in questions of immediate importance, but it shall have no power or authority to conduct any of the regular or assigned duties of the Council.

Section 10. *Speaker and/or Vice-Speaker.* The Council shall name a Speaker and/or Vice-Speaker of the House of Delegates when requested by the President. The Speaker and Vice-Speaker of the House of Delegates shall be required to attend all meetings of the Council and the Executive Committee of the Council, but shall not have the right to vote nor be eligible for the office of Chairman or Vice-Chairman of the Council. They should be appointed at least three (3) months prior to the meeting or meetings at which they are to preside.

Chapter X. Standing Committees

Section 1. The standing committees which are to be elected by the House of Delegates, are as follows: Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee.

The standing committees, which are to be named by the President, organized as hereinafter provided, are the Resolutions Committee and the Committee on Constitution and Bylaws.

The standing committees, organized as hereinafter provided are: Nominating Committee, Committee on Finance and Budget, Professional Conduct Committee and Planning Committee.

The President shall appoint all committees for which provision has not been made elsewhere in the Constitution and Bylaws, such appointments being subject to the approval of the Executive Committee.

Section 6. The House Committee. (Delete)

Section 6 was Section 7. Committee on Finance and Budget. (No Change)

Section 7 was Section 8. Professional Conduct Committee. (No Change)

Section 8 was Section 9. Resolutions Committee. (No Change)

Section 9 was Section 10. Constitution and Bylaws Committee. (No Change)

Section 10. *Planning Committee.* The Planning Committee shall be an advisory committee to the House of Delegates and the Council, and shall consist of the President, the Secretary, the Treasurer, the Chairman of the Council, the Vice-Chairman of the Council and one Representative elected annually (with an Alternate) by each component society.

The Planning Committee shall elect a Chairman annually from its membership at its first meeting following the Annual Meeting of the Faculty.

Chapter X. Component Societies

Section 7. *Election of Delegates.* At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty active members in good standing, or major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least ten days before the Annual Sessions.

Section 8. *Society Roster.* The Secretary of each component society shall keep a roster of its members and also a list of the non-affiliated registered physicians in the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in the State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any change in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall account for every physician who has lived in the county during the year.

Section 9. *Dues and Assessments.* The Secretary of each component society shall forward its per capita dues and assessments, together with its roster of officers and members, list of delegates, and list of non-affiliated physicians of the county to the Secretary of this Faculty each year ten days before the Annual Session. Active members who shall have paid their dues and assessments in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and By-Laws, Chapter 8, Section 5 of the By-Laws, shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments ten days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Section 10. *Penalties.* Any component society which fails to pay its dues and assessments, or make the report required, at least ten days before the Annual Meeting as specified in

It shall meet at least twice each year and shall undertake the development of new ideas for improvement in the services rendered by the Faculty to its component societies. It shall also give consideration to any matter referred to it by the Council or the House of Delegates, and report its findings and recommendations to the referring body.

Chapter XI. Component Societies

Section 7. *Election of Delegates.* At some meeting in advance of the Annual Session of this Faculty, each component society shall elect at least one delegate and an additional delegate in the proportion of one delegate for fifty (50) active members in good standing or major fraction thereof, to represent it in the House of Delegates of this Faculty, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least thirty days before the Annual Session. The number of delegates from each component society shall be determined on a basis of the number of members in good standing as of December 31st preceding the Annual Meeting of the Medical and Chirurgical Faculty.

Section 8. *Society Roster.* The Secretary of each component society shall keep a roster of its members. In keeping such roster the Secretary shall note any change in the membership of the profession by death, or by removal to or from the component society, and in making his annual report he shall account for every member who has practiced in the geographical area of the component society during the year.

Section 9. *Dues and Assessments.* The Secretary of each component society shall forward its per capita dues and assessments, together with its roster of officers and members and list of delegates to the Secretary of this Faculty each year thirty days before the Annual Session. Active members who shall have paid their dues and assessments in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and Bylaws shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments thirty days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Section 10. *Penalties.* Any component society which fails to pay its dues and assessments, or make the report required, at least thirty days before the Annual Meeting as specified shall

Section 9 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

Chapter XI. Miscellaneous

be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

Section 11. Each component society shall have autonomy with regard to all affairs relating peculiarly and specifically to its geographical confines except as may be provided elsewhere in the Constitution and Bylaws.

Chapter XII. Miscellaneous

Section 6. *Editorial Board.* There shall be an Editorial Board composed of six members of the Faculty, the Editor of the Maryland State Medical Journal and the Business Manager of the Maryland State Medical Journal.

The President shall appoint two members each year for a three-year term, thus sustaining continuity of action by the Editorial Board. The Editor and Business Manager shall continue to be appointed by the Council and shall serve at its pleasure.

Section 7. Delegates to the American Medical Association shall be nominated by the Nominating Committee at least two months prior to the Annual Meeting of the Medical and Chirurgical Faculty. Nominations may also be requested from the floor by the presiding officer. Any member elected as a Delegate to the American Medical Association shall begin his term of office on January first (1st) of the year following his election and his term of office shall be for three years.

Action: The above amendments as presented April 15, 1959 and as amended to the Bylaws, on motions duly made and seconded were carried.

BYLAWS

OLD

Chapter VIII. Duties of Officers.

Section 5. *Treasurer.* The Treasurer shall be the Chairman of the Committee on Finance and Budget. He shall give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall yearly render to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

After considerable discussion, the above proposed amendment in the Bylaws, Chapter VIII, Section 5, was stricken from the record and reverts to its original language.

Action: On motion duly made, seconded and carried, it was voted to refer this back to the Constitution and Bylaws Committee for further consideration.

There being no further business, the President, Dr. J. Sheldon Eastland, turned the meeting over to the incoming president, Dr. Leslie E. Daugherty, after thanking the members of the House, Component Societies, Office Staff, the Executive Secretary and others for the cooperation and spirit evidenced by all.

NEW

Chapter VIII. Duties of Officers.

Section 5. *Treasurer.* The Treasurer shall be the Chairman of the Committee on Finance and Budget. He shall give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council, in accordance with the annual budget duly approved by the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall yearly render to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

Dr. Daugherty, incoming President, extended greetings to the members of the House and accepted the honor of the Presidency with "humility."

The meeting adjourned at 4:53 p.m.

Respectfully submitted,

WILLIAM CARL EBELING, M.D., *Secretary*

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By activating fibrinolytic factors VARIDASE shortens the *undesirable phase*, limits necrotic changes due to inflammatory infiltration, and initiates the constructive phase to speed total remission. Medication and body defenses can readily penetrate to the affected site;

local tissue is prepared for faster regrowth of cells.

In infection, the fibrin wall is breached while the infection-limiting effect is retained. In acute cases, response is often dramatic. In chronic cases, VARIDASE Buccal Tablets can stimulate a successful response to primary therapy previously considered inadequate or failing.

*for routine use in injury and infection
...new simple buccal route*

VARIDASE Buccal Tablets should be retained in the buccal pouch until dissolved. For maximum absorption, patient should delay swallowing saliva.

Dosage: One tablet four times daily usually for five days.

When infection is present, VARIDASE Buccal Tablets should be given in conjunction with ACHROMYCIN[®] V Tetracycline with Citric Acid.

Each VARIDASE Buccal Tablet contains: 10,000 Units Streptokinase and 2,500 Units Streptodornase.

Supplied: boxes of 24 and 100 tablets.

1. Innerfield, I.: Clinical report cited with permission
2. Clinical report cited with permission



LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY
Pearl River, New York



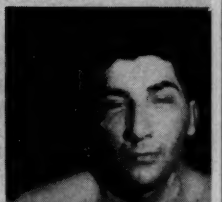
FORCE INJURY
severe bruises
... swelling
... cleared
by fifth day²



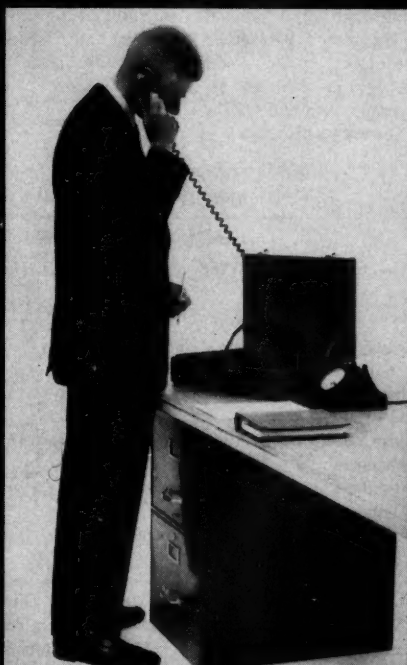
**VARICOSE
ULCER**
15 years duration
... resolved with
VARIDASE¹



**INFLAMMATORY
DERMATOSIS**
rapidly spreading
rhus dermatitis
healed within
a week¹



**INFECTED
LACERATION**
marked reversal
in 3 days ...
returned
to school ...
closure advanced¹



THROMBOPHLEBITIS
back on his feet
in a week after
recurrent episode¹



**REFRACTORY
CELLULITIS**
normal routine
resumed after 4 days
of **VARIDASE¹**



REPORTS^{1,2,3}*To the House of Delegates*

SECRETARY

Mr. President and Members of the House of Delegates:

The complete statistical report will be available for the meeting. (See below.) The total membership as of this date (3-25-59) is 3,043, which is an increase of 107. Of the 2,343 members who were sent A.M.A. bills, 1,641 have paid their dues for the National Association.

The following Component Medical Societies are to be congratulated as every member has paid the dues and assessment:

Calvert County Medical Society
Caroline County Medical Society
Carroll County Medical Society
Charles County Medical Society
Harford County Medical Society
Kent County Medical Society
Queen Anne's County Medical Society
Somerset County Medical Society
Talbot County Medical Society
Worcester County Medical Society

Two meetings of the secretaries of the Component Medical Societies have been held during the past year. The first meeting was held in conjunction with the Semiannual Meeting on Thursday, September 11, 1958, at Ocean City, Maryland. Among the items discussed at this meeting were those of standardization of membership application forms, annual reregistration of physicians, and the Secretary's Booklet on Medical and Chirurgical Faculty Procedures. At the second meeting of the secretaries, which was held on February 11, 1959, a standard application form was approved and will be in use in the immediate future. The Secretary's Handbook is

now in use and has been further altered by suggestions made by the secretaries of the Component Societies at their second meeting.

The recommendation of annual reregistration of physicians has been considered by the Council and a resolution to request the Board of Medical Examiners to develop such a program has been sent to the Resolutions Committee, the members of the House of Delegates and the officers of the Component Medical Societies and will be considered by the House of Delegates at its meeting on April 17, 1959.

With the untimely death of Dr. Frank J. Geraghty a vacancy was created on the Council of a member elected from Baltimore City. The Secretary, Dr. Everett S. Diggs, was appointed by the Council on November 18, 1958 to fill the unexpired term of Dr. Geraghty until this meeting of the House of Delegates, and therefore resigned from the position of Secretary for the remainder of 1958 to April 1959. The Secretary-elect, Dr. William Carl Ebeling, assumed the position and full responsibility of Secretary to the Medical and Chirurgical Faculty as of that date.

The report of the Executive Secretary, Mr. John Sargeant, outlines for you the highlights of the reorganization of the Faculty during the past year and I am sure acquaints all of you with the tremendous improvement and services to the members that this is making possible.

We look forward to another year of growth and expansion with still greater benefits being derived by the members of the Medical and Chirurgical Faculty through their membership in this organization.

Respectfully submitted,
EVERETT S. DIGGS, M.D., *Secretary*
WILLIAM CARL EBELING, M.D., *Secretary*

Secretary's Report—April 1959
April 10, 1959

Member-ship 1958	Member-ship 1959	Members Paid in advance by Jan. 31, 1959 *Entire County Paid	COUNTIES	New Members	Re-moved	Re-signed	De-ceased	Sus-pended	U. S. Service
76	70	64	Allegany-Garrett County Medical Society	2	5		3		1
80	86	75	Anne Arundel County Medical Society	11	4		1		
1487	1608	1523	Baltimore City Medical Society, Active Members	153	13	4	15		20
213	287	75	Baltimore City Medical Society, Associate Members	132	45	13			
175	181	152	Baltimore County Medical Association, Active Members	14	6		2		2
—	3	3	Baltimore County Medical Association, Associate Members	3					

¹ A summary of these reports, which were submitted by the Officers, Chairman of the Council, A.M.A. Delegates, and the Chairman of the Committees, was mailed to every Delegate and the President and Secretary of each Component Society prior to the meeting of the House of Delegates on Wednesday, April 15, 1959.

² Membership Directory for March 31, 1958 to May 31, 1959, published in August 1959 Journal, Vol. 8, No. 8.

³ Key for Committee Reports: All recommendations and resolutions in *italics* regardless of whether or not adopted by the House of Delegates.

Secretary's Report—April 1959

Continued

Member- ship 1958	Member- ship 1959	Members Paid in advance by Jan. 31, 1959 *Entire County Paid	COUNTIES	New Mem- bers	Re- moved	Re- signed	De- ceased	Sus- pended	U. S. Service
3	3	3*	Calvert County Medical Society						
9	10	10*	Caroline County Medical Society	1					
35	38	38*	Carroll County Medical Society	5	1		1		
22	23	23*	Cecil County Medical Society, Active Members	1					
7	7	7*	Cecil County Medical Society, Associate Members						
11	10	10*	Charles County Medical Society				1		
24	23	22	Dorchester County Medical Society	1	2				
58	57	54	Frederick County Medical Society				1		3
33	36	36*	Harford County Medical Society, Active Members	3					
1	—	1*	Harford County Medical Society, Associate Members		1				
10	11	9	Howard County Medical Society	1					
13	13	13*	Kent County Medical Society, Active Members	2	2				
—	1	1*	Kent County Medical Society, Associate Members	1					
238	258	167	Montgomery County Medical Society, Active Members	26	3	3			
16	15	6	Montgomery County Medical Society, Associate Members	1		2			
103	110	105	Prince George's County Medical Society, Active Members	9	2				
28	25	19	Prince George's County Medical Society, Associate Members	1	4				
15	14	12	St. Mary's County Medical Society, Active Members				1		
2	2	1	St. Mary's County Medical Society, Associate Members						
6	6	6*	Queen Anne's County Medical Society						
7	7	7*	Somerset County Medical Society, Active Members						
1	1	1	Somerset County Medical Society, Associate Members						
30	32	32*	Talbot County Medical Society	3			1		
82	84	74	Washington County Medical Society	6	1		3		
60	60	55	Wicomico County Medical Society, Active Members	3	1	1	1		
—	1	1	Wicomico County Medical Society, Associate Members	1					
11	12	12	Worcester County Medical Society	1					
88	112	75	Non-resident Members	25		1			
2944	3206	2692		406	90	24	30		26

Active Members..... 2752
 Associate Members..... 342
 Nonresident Membership..... 112

3206

Gain, Active Members..... 164
 Gain, Associate Members..... 99
 Gain, Nonresident Members..... 24

262

BALANCE SHEET—DECEMBER 31ST, 1958

EXHIBIT A

ASSETS		LIABILITIES AND FUNDS	
<i>General Fund</i>		<i>General Fund</i>	
Cash—Maryland Trust Company.....	\$38,134.85	Account Payable—Building Fund—Assessments Collected.....	\$110.00
—Petty Cash.....	100.00	<i>Designated Funds</i>	
—The Savings Bank of Baltimore—Library Funds.....	5,125.00	For Library Account—Books and Journals.....	\$682.79
<i>Reserved for Contingencies</i>		For Special Library Accounts.....	5,125.00
Central Savings Bank.....	10,150.00	For Geriatrics Committee.....	78.00
Eutaw Savings Bank of Baltimore.....	10,075.00	For Dental Books.....	78.67
Maryland Trust Company.....	10,125.00	For Diabetes Committee.....	1,386.62
Provident Savings Bank.....	10,150.00	For Medicare Committee.....	154.34
The Savings Bank of Baltimore.....	10,150.00	For Dinner—Dr. Diggs.....	18.00
		Withholding Tax—United States—December, 1958.....	951.70
<i>Due from Consolidated Fund—Income Funds</i>		—Maryland—Fourth Quarter, 1958.....	391.09
Charles M. Ellis Fund—Exhibit F.....	123.04		
Special Savings Account.....	1.00	Total General Fund Liabilities.....	8,926.21
		Reserve for Contingencies.....	50,650.00
		General Fund Surplus—Exhibit C.....	34,557.68
Total General Fund Assets.....	\$94,133.89	Total General Fund Liabilities, Reserve and Surplus.....	\$94,133.89
<i>Consolidated Fund—Income Funds</i>		<i>Consolidated Fund—Income Funds</i>	
Cash—The Savings Bank of Baltimore—Exhibit F.....	36,010.55	<i>Liabilities</i>	
—Undeposited Receipts—Exhibit F.....	2,848.15	Due to General Fund—From Charles M. Ellis Fund—Exhibit F.....	123.04
—The Savings Bank of Baltimore—Special Account.....	1.00	—From Special Savings Account.....	1.00
Uninvested Cash—Held by Maryland Trust Company—Eugene Fauntleroy Cordell Fund—Exhibit F.....	89.62	Total Consolidated Fund—Income Funds—Liabilities.....	124.04
Investments—Eugene Fauntleroy Cordell Fund—Common Stocks—Cost—Exhibit F.....	4,037.45	Net Worth—Exhibit E.....	42,862.73
Total Consolidated Fund—Income Funds—Assets.....	42,986.77		
<i>Consolidated Fund—Principal Funds</i>		Total Consolidated Fund—Income Funds—Liabilities and Net Worth.....	42,986.77
Uninvested Cash—Held by Maryland Trust Company.....	294.11	<i>Consolidated Fund—Principal Funds</i>	
—Held by Mercantile-Safe Deposit and Trust Company.....	223.55	<i>Principal Funds</i>	
		Designated Funds—Exhibit G.....	162,072.97
<i>Investments—Cost</i>			
United States Government and Municipal Bonds.....	34,852.25		
Public Utilities, Railroads, etc. Bonds.....	38,840.72		
Preferred Stocks.....	9,177.92		
Common Stocks.....	78,684.42		
Total Consolidated Fund—Principal Funds—Assets.....	162,072.97	Total Consolidated Fund—Principal Funds.....	162,072.97

ASSETS—Continued		LIABILITIES AND FUNDS—Continued	
<i>Funds Invested in Fixed Assets (No Depreciation Provided)</i>		<i>Funds Invested in Fixed Assets</i>	
Real Estate—Cost		Principal—Exhibit H.....	\$404,464.89
Property—1209-11-13 Cathedral Street—In Fee.....	\$110,635.76		
Annex Property—1215-17 Cathedral Street—In Fee.....	19,118.95		
	\$129,754.71		
Personal Property—Appraised Figures at December 31st, 1949			
and Additions at Cost			
Library Books and Journals.....	231,370.00		
Office, Library, Household Fixtures, Antiques and Museum			
Pieces.....	29,340.18		
Portraits.....	14,000.00		
	274,710.18		
Total Funds Invested in Fixed Assets.....	\$404,464.89	Total Funds Invested in Fixed Assets—Principal.....	\$404,464.89
Building Fund		Building Fund	
Cash—First National Bank—Checking Account.....	684.96	Principal—Exhibit I.....	147,023.44
—The Savings Bank of Baltimore.....	5,356.10		
—Undeposited Receipts.....	250.00		
	6,291.06		
Account Receivable—General Fund.....	110.00		
Investments—Cost			
United States Government Bonds.....	91,048.76		
Public Utilities, Railroads, etc. Bonds.....	49,573.62		
	140,622.38		
Total Building Fund—Assets.....	147,023.44	Total Building Fund—Principal.....	147,023.44
Contingent Fund—Income		Contingent Fund—Income	
Cash—The Savings Bank of Baltimore.....	28.86	Net Worth—Exhibit J.....	509.20
Due from Contingent Fund—Principal.....	480.34		
Total Contingent Fund—Income—Assets.....	509.20	Total Contingent Fund—Income—Net Worth.....	509.20
Contingent Fund—Principal		Contingent Fund—Principal	
Uninvested Cash—Maryland Trust Company.....	287.69	Liabilities	
Investments—Cost		Due to Contingent Fund—Income.....	480.34
United States Government Bonds.....	2,284.38	Net Worth—Exhibit J.....	9,420.54
Common Stocks.....	7,328.81		
Total Contingent Fund—Principal—Assets.....	9,900.88	Total Contingent Fund—Principal—Liabilities and Net Worth.....	9,900.88
Medical Annals Fund		Medical Annals Fund	
Cash—Union Trust Company of Maryland.....	1,069.94	Principal—Exhibit K.....	1,069.94
Total Medical Annals Fund—Assets.....	1,069.94	Total Medical Annals Fund—Principal.....	1,069.94
Harvey G. Beck Lectureship Fund—Income		Harvey G. Beck Lectureship Fund—Income	
Cash—The Savings Bank of Baltimore.....	364.42	Balance—Exhibit L.....	364.42
Total Harvey G. Beck Lectureship Fund—Income—Assets.....	364.42	Total Harvey G. Beck Lectureship Fund—Income—Balance.....	364.42
Harvey G. Beck Lectureship Fund—Principal		Harvey G. Beck Lectureship Fund—Principal	
Uninvested Cash—Maryland Trust Company.....	202.93	Principal—Exhibit L.....	1,998.55
Investments—Cost			
Common Stock.....	1,795.62		
Total Harvey G. Beck Lectureship Fund—Principal—Assets.....	1,998.55	Total Harvey G. Beck Lectureship Fund—Principal.....	1,998.55
Total Assets.....	864,524.95	Total Liabilities and Funds.....	864,524.95

TREASURER

distributed to the House of Delegates on April 15, 1959. (See Pages 480-487)

Mr. President and Members of the House of Delegates:

The printed report, including the annual audit, will be

Respectfully submitted,
WETHERBEE FORT, M.D., *Treasurer*

THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

BALTIMORE, MARYLAND

GENERAL FUND—STATEMENT OF INCOME AND EXPENSES

For Year Ended December 31st, 1958

EXHIBIT B

Income

Special Assessment		\$215.00
Dues—Baltimore City Dental Society	\$1,485.00	
—Baltimore City Medical Society	58,631.00	
—County Medical Society	47,798.00	
—Halls and Offices—Baltimore City Medical Society	400.00	
—Halls and Offices—Other	6,210.00	114,524.00
Meetings—Annual and Semi-Annual—Exhibits		6,535.00
Baltimore City Medical Society—Salaries		15,100.00
American Medical Association—For General Purposes		138.60
Journal—Advertisements	43,766.62	
—Subscriptions	4,371.27	48,137.89
<i>Transfers from Consolidated Fund—Income Funds</i>		
Charles M. Ellis Fund—For General Purposes	533.60	
John Ruhrah Fund—For Salaries	300.00	
Bowen Fund—For Office Equipment	3,113.96	
Bressler Fund—For Office Equipment	1,033.48	4,981.04
Use of Addressograph		217.00
Gift		100.00
Miscellaneous		16.75

Total Income..... \$189,965.28

Expenses

Accounting Fees	694.00
Communication Expense—Postage, Telephone and Telegraph	3,686.00
Extraordinary Repairs	3,065.72
Fuel	3,364.33
Gas, Electricity and Water	2,461.14
Household and Janitorial Supplies	1,121.19
Insurance—General	1,665.13
—Hospitalization	334.76
Journal Expense	48,637.32
Legal Fees	1,135.00
Legislative Committee Expense	80.37
Other Committee Expenses	1,144.30
Maintenance of Property	2,173.07
Management Survey	2.93
Maryland Unemployment Insurance	231.73
United States Unemployment Insurance	172.99
Social Security Tax	3,263.08
Meetings—Annual and Semi-Annual	10,225.97
Miscellaneous Expenses	5,931.01
Purchase of Equipment—Exhibit H	5,242.96
Office Supplies	1,713.20
Printing	1,373.15
Salaries	78,919.91
Travel	3,345.70

Total Expenses..... 179,984.96

Excess of Income Over Expenses—For Year Ended December 31st, 1958—to Exhibit C..... 9,980.32

GENERAL FUND—STATEMENT OF SURPLUS

For Year Ended December 31st, 1958

January 1st, 1958—Balance to Credit of Account.....	EXHIBIT C
	\$24,577.36
<i>Addition</i>	
Excess of Income over Expenses—For Year Ended December 31st, 1958—Exhibit B.....	9,980.32
December 31st, 1957—Balance to Credit of Account—to Exhibit A.....	<u>34,557.68</u>

CONSOLIDATED FUND—INCOME FUNDS—STATEMENT OF INCOME AND EXPENSES

For Year Ended December 31st, 1958

EXHIBIT D

*Income**Income from Consolidated Fund Investments**Bonds*

United States Government and Municipals.....	\$763.00	
Public Utilities, Railroads, etc.....	<u>1,270.00</u>	\$2,033.00

Stocks

Preferred.....	451.86	
Common.....	<u>10,326.83</u>	10,778.69

Interest Special Savings Account—The Savings Bank of Baltimore.....	62.46	
---	-------	--

	12,874.15	
Less—Agencies' Fees.....	<u>522.35</u>	

Net Income from Distributed Investment Income—Exhibit F.....	12,351.80	
--	-----------	--

Income from Eugene Fauntleroy Cordell Fund Investments—Exhibit F

Stocks

Common.....	232.65	
Less—Agency Fee.....	<u>13.96</u>	218.69

Total Net Income from Investments.....	\$12,570.49	
--	-------------	--

Interest on Savings Accounts—The Savings Bank of Baltimore—Exhibit F.....	1,150.97	
---	----------	--

Other Income—Exhibit F.....	22.50	
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Total Income.....	13,743.96	
-------------------	-----------	--

Expenses—Exhibit F

Library Purposes.....	6,766.14	
Transfer to General Fund—General Purposes.....	5,031.04	
Lectureship.....	<u>200.00</u>	

Total Expenses.....	11,997.18	
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December 31st, 1958—Excess of Income over Expenses—to Exhibit E.....	<u>1,746.78</u>	
--	-----------------	--

CONSOLIDATED FUND—INCOME FUNDS—STATEMENT OF NET WORTH

For Year Ended December 31st, 1958

EXHIBIT E

January 1st, 1958—Balance to Credit of Account.....	\$41,115.95
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Addition

Excess of Income over Expenses—For Year Ended December 31st, 1958—Exhibit D.....	1,746.78
--	----------

December 31st, 1958—Balance to Credit of Account—to Exhibits A and F.....	<u>42,862.73</u>
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CONSOLIDATED FUND—STATEMENT OF PRINCIPAL FUNDS
December 31st, 1958

FUND	PURPOSE	BALANCE JAN- UARY 1ST, 1958	EXHIBIT G	
			LOSS ON SALE OF SECURITIES	BALANCE DECEM- BER 31ST, 1958
			Schedule G-1 To Exhibit A	
Baker.....	Books of Materia Medica.....	\$1,021.55	\$6.62	\$1,014.93
Barker, Lewellys F.....	Library.....	612.58	4.06	608.52
Bowen, Josiah S.....	General.....	13,880.67	90.85	13,789.82
Bressler, Frank C.....	General.....	2,819.06	18.36	2,800.70
Cordell, Eugene Fauntleroy...	Relief of Widows and Orphans.....	5,700.69	37.36	5,663.33
Cowies, Nellie N.....	Library.....	1,175.42	7.69	1,167.73
Ellis, Charles M.....	General.....	7,052.52	46.12	7,006.40
Finney, John M. T.....	Books, Journals and Lectureships on Surgery...	13,145.05	86.05	13,059.00
Frick, William F.....	Maintenance Frick Library, Purchase Books and Journals.....	23,510.83	153.84	23,356.99
Friedenwald, D. Julius.....	Maintenance of Friedenwald Room.....	1,175.42	7.69	1,167.73
Harlan, Herbert.....	Books on Ophthalmology.....	1,192.86	7.79	1,185.07
McCleary, Standish.....	Lectureships and Books on Pathology.....	1,175.42	7.69	1,167.73
Osler Endowment.....	Permanent Endowment for Books and Buildings, by Bequest of Dr. Osler.....	2,187.44	14.30	2,173.14
Osler Testimonial.....	Medical Books and Maintenance of Osler Hall...	12,129.65	79.43	12,050.22
Ruhrah, John.....	Library, Books and Journals, etc.....	63,853.86	417.86	63,436.00
Stokes, William Royal.....	Lectureships and Books on Bacteriology.....	4,843.20	31.71	4,811.49
Trimble, Isaac Ridgeway.....	Lectureships only.....	4,135.65	27.01	4,108.64
Woods, Hiram.....	General.....	3,528.70	23.17	3,505.53
		<u>163,140.57</u>	<u>1,067.60</u>	<u>162,072.97</u>

CONSOLIDATED FUND—PRINCIPAL—STATEMENT OF LOSS ON SECURITIES SOLD
For Year Ended December 31st, 1958

SCHEDULE G-1				
AMOUNT	DESCRIPTION	SALES PRICE	COST	LOSS
To Exhibit G				
BONDS				
1,500.00	Baltimore Transit Company 4% Debentures "A"—due 1975	\$1,207.97	\$1,500.00	\$292.03
2,000.00	United States Savings Series "G" 2½%—due 7/1/58	2,000.00	2,000.00	—
4,000.00	United States Treasury 2¼%—due 9/15/59	4,000.00	4,167.00	167.00
500.00	United States Treasury 2½%—due 9/15/72	425.31	432.50	7.19
SHARES				
STOCKS				
52	Commercial Solvents Corporation	682.41	786.00	103.59
7	Pennsylvania Power and Light Company—4.40% Cumulative Preferred	677.22	844.66	167.44
15	Pennsylvania Power and Light Company—Common	699.66	1,030.01	330.35
RIGHTS				
92	American Telephone and Telegraph Company	279.09	279.09	—
10	Pacific Gas and Electric Company	1.70	1.70	—
30	Pacific Telephone and Telegraph Company	148.20	148.20	—
		10,121.56	11,189.16	1,067.60

FUNDS INVESTED IN FIXED ASSETS—STATEMENT OF PRINCIPAL

December 31st, 1958

EXHIBIT H

January 1st, 1958—Balance to Credit of Account..... \$399,221.93

Additions

January 3rd, 1958—3 Gray Harper Files.....	\$135.00	
January 7th, 1958—2 Heaters.....	25.90	
February 28th, 1958—1 Clock.....	7.14	
—1 Can-O-Mat.....	6.98	
March 25th, 1958—1 Verifax Copier #3510 with Table and Equipment.....	335.56	
May 8th, 1958—1 Underwood Typewriter #11/8119631E.....	238.50	
July 7th, 1958—1 Typewriter Desk—Gray.....	203.58	
July 15th, 1958—1 Dazor Lamp—Gray.....	33.95	
August 5th, 1958—1 3-4 Drawer Letter Size Files.....	284.96	
—1 Secretary Posture Chair.....	62.39	
August 7th, 1958—2 Desk Trays—Gray.....	4.41	
August 11th, 1958—1 General Floorcraft Machine with Polishing Brush.....	205.40	
August 15th, 1958—1 Aluminum Coat Tree.....	19.00	
September 8th, 1958—4 Short Depth Cabinets and Equipment.....	1,066.61	
September 22nd, 1958—2 Carrier Window Air Conditioners.....	410.00	
September 25th, 1958—1 Aluminum Step Ladder.....	9.95	
—1 General Electric Fan.....	39.95	
October 7th, 1958—66" High Partitions in Office.....	1,894.82	
October 28th, 1958—1 Aluminum Bulletin Board with Case.....	228.86	
November 13th, 1958—1 Amplocorp Magneraser.....	30.00	
Total Additions—to Exhibit B.....		5,242.96

December 31st, 1958—Balance to Credit of Account—to Exhibit A..... 404,464.89

BUILDING FUND—STATEMENT OF PRINCIPAL

For Year Ended December 31st, 1958

EXHIBIT I

January 1st, 1958—Balance to Credit of Account..... \$124,606.52

Additions

Assessments.....	\$18,645.00	
Interest on Investments.....	\$3,702.84	
Interest on Savings Account—The Savings Bank of Baltimore.....	69.08	3,771.92

December 31st, 1958—Balance to Credit of Account—to Exhibit A..... 147,023.44

CONTINGENT FUND

For Year Ended December 31st, 1958

EXHIBIT J

INCOME—STATEMENT OF NET WORTH

January 1st, 1958—Balance to Credit of Account..... \$2,534.36

Additions

Dividends.....	\$417.00	
Interest—United States Government Bonds.....	51.57	
—Savings Account.....	64.27	532.84
		3,067.20

Deductions

Transfer to General Fund—New Oil Burner.....	2,533.00	
Agency Fee.....	25.00	2,558.00

December 31st, 1958—Balance to Credit of Account—to Exhibit A..... 507.20

PRINCIPAL—STATEMENT OF NET WORTH

January 1st, 1958—Balance to Credit of Account..... 9,428.42

Deduction

Corpus Agency Fee.....		7.88
------------------------	--	------

December 31st, 1958—Balance to Credit of Account—to Exhibit A..... 9,420.54

MEDICAL ANNALS FUND—STATEMENT OF PRINCIPAL
For Year Ended December 31st, 1958

EXHIBIT K

January 1st, 1958—Balance to Credit of Account	\$1,043.84
<i>Addition</i>	
Interest on Savings Account	26.10
December 31st, 1958—Balance to Credit of Account—to Exhibit A	<u>1,069.94</u>

HARVEY G. BECK LECTURESHIP FUND
For Year Ended December 31st, 1958

EXHIBIT L

STATEMENT OF INCOME

January 1st, 1958—Balance to Credit of Account	\$341.50
<i>Additions</i>	
Dividends	\$117.00
Interest—Savings Account	11.76
	<u>128.76</u>
	470.26
<i>Deductions</i>	
Agency Fee	5.84
Expense of Lecture by Dr. Sara M. Jordan	100.00
	<u>105.84</u>
December 31st, 1958—Balance to Credit of Account—to Exhibit A	<u>364.42</u>

STATEMENT OF PRINCIPAL

January 1st, 1958—Balance to Credit of Account	1,998.55
No Changes During Year	—
December 31st, 1958—Balance to Credit of Account—to Exhibit A	<u>1,998.55</u>

CERTIFICATE

MARCH 10, 1959

THE MEDICAL AND CHIRURGICAL FACULTY
OF THE STATE OF MARYLAND,
1211 CATHEDRAL STREET,
BALTIMORE 1, MARYLAND.

GENTLEMEN:

We have made an audit of the records in the office of the Treasurer of The Medical and Chirurgical Faculty of The State of Maryland for the year ended December 31st, 1958. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, with the exception of the verification of membership dues.

In our opinion, the Exhibits, together with the comments in this report, present fairly the financial position of the Faculty as of December 31st, 1958, and the results of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

Respectfully submitted,

WOODEN, BENSON & WALTON
Members of American Institute
of Certified Public Accountants

COMMITTEE ON FINANCE AND BUDGET

Amount Brought Forward \$141,359.00

(In accordance with the Bylaws, shall consist of eight members, namely, Chairman of Council, Vice-Chairman of Council, the Treasurer, who shall be Chairman of Committee, the Secretary, Chairman of Planning Committee, and four additional members appointed by Chairman of Council.)

Mr. President and Members of the House of Delegates:

MEDICAL AND CHIRURGICAL FACULTY OF THE
STATE OF MARYLAND

1959 PROPOSED BUDGET

ESTIMATED INCOME

From Dues

Baltimore City members.....	\$60,962.00	
County members.....	50,640.00	\$111,602.00

Baltimore City Medical Society		
For use of facilities and for		
secretarial services.....		17,500.00
Baltimore City Dental Society		
495 members at \$3.00.....		1,485.00
State Board of Medical Examiners		
Rental for 1215 Cathedral		
Street.....	2,400.00	
Rental for use of Osler Hall....	480.00	2,880.00

State Board of Nurses Examiners		
Rental for Osler Hall.....		120.00
State Nurses Association		
Rental for 1217 Cathedral		
Street.....		2,000.00
Maryland League for Nursing		
Rental for 3rd Floor, 1215		
Cathedral Street.....		360.00

INCOME FROM INVESTED FUNDS

For General Purposes

Bowen Fund.....	\$1,444.00	
Bressler Fund.....	248.00	
Contingent Fund.....	507.00	
Ellis Fund.....	533.00	
Osler Endowment Fund.....	211.00	
Osler Testimonial Fund (1/2)....	501.00	
Hiram Woods Fund.....	317.00	3,461.00

For Special Purposes

Beck Fund.....	95.00	
Cordell Fund.....	762.00	
Finney Fund (1/2).....	528.00	
Friedenwald Fund.....	52.00	
Stokes Fund (1/2).....	207.00	
Trimble Fund.....	262.00	
McCleary.....	45.00	1,951.00

Forward \$141,359.00

INCOME FROM INVESTED FUNDS

For Library Purposes

Baker Fund.....	\$80.00	
Barker Fund.....	48.00	
Cowles Fund.....	95.00	
Finney Fund (1/2).....	528.00	
Frick Fund.....	1,820.00	
Harlan Fund.....	92.00	
McCleary Fund (1/2).....	45.00	
Osler Testimonial Fund (1/2)....	501.00	
Ruhrah Fund.....	5,354.00	
Stokes Fund (1/2).....	207.00	8,770.00

Income From Annual and Semiannual Meetings. 11,800.00

Income From Journal—From Advertising and Subscriptions..... 54,800.00

TOTAL ESTIMATED INCOME \$216,729.00

ESTIMATED DISBURSEMENTS

1959 BUDGET

	1958 Actual Expenses	1959 Proposed Budget
1. Auditor.....	\$694.00	\$700.00
2. Committee Expenses.....	1,184.00	1,800.00
3. Communication.....	3,701.00	4,100.00
5. Fuel.....	3,364.00	3,700.00
6. Gas, Electricity and Water..	2,461.00	2,600.00
7. Household and Janitorial Supplies and Expenses....	1,146.00	1,200.00
8. Insurance.....	1,665.00	1,700.00
*9. Journal Expenses.....	48,637.00	49,000.00
10. Legal Fees.....	1,135.00	1,800.00
11. Library, Books, Binding, Supplies, etc.....	6,766.00	8,770.00
12. Maintenance of Property...	2,176.00	2,200.00
13. Meetings, Annual and Semi- annual.....	13,929.00	14,000.00
14. Miscellaneous.....	8,052.00	5,209.00
15. Office Equipment.....	730.00	1,500.00
16. Office Supplies.....	1,758.00	2,000.00
17. Printing.....	1,373.00	4,500.00
18. Salaries.....	78,919.00	79,000.00
19. Taxes.....	3,667.00	4,000.00
20. Travel.....	3,432.00	4,000.00
21. Legislative Expense.....	80.00	1,000.00
22. Extraordinary Repairs and Improvements.....	3,065.00	2,500.00
23. New Equipment.....	371.00	1,000.00
25. Special Accounts.....		1,950.00
26. Fringe Benefits.....		1,000.00
	\$188,305.00	\$199,229.00

* Does not include salaries.

Amount Brought Forward \$199,229.00

Subject to approval of Council
and/or House of Delegates

10% Salary increase for all
employees..... 7,500.00

Faculty's contribution for Em-
ployees Retirement System.. 10,000.00

\$216,729.00

Respectfully submitted,
Wetherbee Fort, *Treasurer, Chairman*
Leo Brady, *Chairman of Council*
Charles F. O'Donnell, *Vice-Chairman*
of Council
William Carl Ebeling, *Secretary*
Charles F. O'Donnell, *Chairman of*
Planning Committee
E. Cowles Andrus
R. Walter Graham, Jr.
Bender B. Kneisley
Norman E. Sartorius, Jr.

COUNCIL

Mr. President and Members of the House of Delegates:

Your Council has had a very busy year. Fifteen meetings were held, usually starting at 4:00, at 6:00 a short recess for dinner was taken, and this was followed by continuation of the meeting to between 9:30 and 10:00. The Executive Committee of the Council has met ten times. In the arrangement of the meetings of the Executive Committee and also those of the entire Council, Mr. John Sargeant, Executive Secretary, has been most helpful.

It gives me pleasure to bring to your attention that the following members have been placed on the list of Fifty Year Members: Doctors William D. Campbell, Hagerstown, T. Frederick Leitz, Baltimore, and Walter D. Wise, Baltimore. The Constitution and Bylaws provides that those active members, who have paid their dues for fifty years, automatically may have all the privileges of membership without the payment of dues.

Numerous problems have been presented to the Council. Some of these have been solved. Others await final action.

Following the recommendations of the Building Committee it was decided to keep at least temporarily our headquarters in the building on Cathedral Street. However, all ideas of moving to new quarters have not been entirely given up. Some of the changes which are being contemplated for Baltimore may make it necessary to move in the future, but for the present we will stay where we are.

Much time and thought have been spent on questions concerning Blue Cross and Blue Shield, hospitals in the State, and the State Health Department. There has been free discussion and airing of differences of opinion in our meetings, for it is important to straighten out the difficulties in the medical family. However, with the ever increasing danger of socialized medicine being thrust upon us, your Chairman feels

that this is the time for all of us to join in presenting a united front. It might be wise if the general practitioners, the specialists, the hospital heads, those in charge of Blue Cross and Blue Shield and the heads of the City and State Departments of Health now make a special effort to understand the other fellow's problem.

The Council recommends the following for Emeritus Membership:

Michael A. Abrams, M.D., Baltimore
Henry F. Buettner, M.D., Baltimore
Alan M. Chesney, M.D., Baltimore
Albert H. Katz, M.D., Baltimore
Charles L. Warner, M.D., Baltimore
Waitman F. Zinn, M.D., Baltimore

Leo Brady, *Chairman*
Charles F. O'Donnell, *Vice-Chairman*
Howard M. Bubert
Everett S. Diggs
David J. Gilmore
Albert E. Goldstein
Ralph G. Hills
A. Talbott Brice
M. McKendree Boyer
E. W. Ditto, Jr.
Russell S. Fisher
R. Walter Graham, Jr.
Howard F. Kinnamon
Waldo B. Moyers
R. Carmichael Tilghman
J. Sheldon Eastland, *President*
C. Reid Edwards, *Past-President*
Wetherbee Fort, *Treasurer*
William Carl Ebeling, *Secretary*
Leslie E. Daugherty, *President-elect*
Whitmer B. Firor, *Chairman, Committee on*
Constitution and Bylaws
Louis Krause, *Chairman of Library Committee*
Robert vL. Campbell, *A.M.A. Delegate*
George H. Yeager, *A.M.A. Delegate*

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Members of the House of Delegates:

In the interest of brevity, your two Delegates to the American Medical Association have decided to collaborate in reporting to the State Medical Society. Dr. Yeager's report* on the San Francisco meeting and this report on the Minneapolis meeting will be all that is submitted, each Delegate having read the other's report and concurring on same.

The opening address of Dr. Gunnar Gundersen, President of the American Medical Association, was widely misquoted in the lay press. His remarks were interpreted as extending the hand to labor unions and panel practice. Actually, his remarks simply emphasized that these matters should be

* Presented at the House of Delegates Semiannual Meeting, September 12, 1959. (See Page 445)

re-evaluated. In a meeting as important as the American Medical Association, with its accompanying nationwide press coverage, such misrepresentations are unavoidable.

Health care of the aged, with its plan for medical coverage of persons of sixty-five years of age, was discussed. In order to effect the immediate implementation of such a program, the House of Delegates directed that copies of the proposal be distributed to Medical-Society approved plans, including Blue Shield and private insurance programs.

The report of the Commission on Medical Care Plans was considered. The House of Delegates adopted this statement:

"We respectfully suggest to the constituent associations reviewing the report in the interim, that their attitude regarding the report will be clarified if they arrive at some decisions in regard to the following basic points:

"1. *Free Choice of Physicians*—Acknowledging the importance of free choice of physician, is this concept to be considered a fundamental principle, incontrovertible, unalterable, and essential to good medical care without qualification?

"2. *Closed Panel Systems*—What is or will be your attitude regarding physician participation in those systems of medical care which restrict free choice of physician?

"These suggestions acknowledge that the policy of the American Medical Association to encourage and support the highest quality of medical care for all patients remains unchanged. They question, however, whether attitudes toward the free choice of physician and the closed panel system may be undergoing evolutionary change."

The House recommended that the Board of Trustees invite the constituent associations to forward their replies to these questions to the Executive Vice President sixty days in advance of the June, 1959, meeting.

Considerable discussion centered on a resolution which would have recognized that constituent medical associations have the right to establish the relationship of the medical profession to the osteopathic profession within their respective states. The House decided, however, that the resolution in question did not offer the appropriate solution to the osteopathic problem. Instead, the delegates requested the Judicial Council to review past pronouncements of the House on osteopathy and the status of the laws of the various states in this regard. The Council was asked to present its report and recommendations at the June, 1959, meeting. The House "noted with favor that the American Osteopathic Association has amended its objectives as stated in its constitution by deleting reference to the cultism of Andrew J. Still."

As a matter of policy, the House passed a resolution which stated that "the American Medical Association neither approves nor disapproves of the inclusion of voluntary health agencies in United Fund drives."

The House of Delegates also

1. Took notice of the recent restrictive changes in the *Medicare Program*; expressed regret at the substitution of Federal facilities for private care in the areas mentioned; and urged the Association to encourage the es-establishment of services under the free choice principle to accomplish the original intent of the Act;
2. Approved a plan to develop "*Buyers' Guides*" which will be sent to physicians to help their patients analyze the merits of available health insurance programs;

3. Agreed with the Committee on Medical Practices that *relative value studies* should be conducted by each constituent medical association but not on a national or regional basis by the American Medical Association.

Respectfully submitted,
Robert vL. Campbell, M.D.
George H. Yeager, M.D.

BOARD OF MEDICAL EXAMINERS OF MARYLAND

(The names of members are nominated by the House of Delegates of the Medical and Chirurgical Faculty, are presented to the general meeting of the Faculty at which time there may be nominations from the floor prior to the final election.)

Mr. President and Members of the House of Delegates:

The Board of Medical Examiners of Maryland is composed of the following members whose terms expire on the dates indicated:

Dr. Wylie M. Faw, Jr.	1959*
Dr. John H. Hornbaker	1959
Dr. Frank K. Morris	1959
Dr. Walter C. Merkel	1960
Dr. Samuel McLanahan	1960
Dr. Vernon H. Norwood	1961
Dr. Norman E. Sartorius, Jr.	1961
Dr. Lewis P. Gundry	1962

As the terms of Dr. Morris and Dr. Hornbaker expire in June, 1959, two members to serve until 1963 are to be elected at the meeting of the Medical and Chirurgical Faculty in addition to Dr. Zimmerman's successor.

Examinations given during the year show the following results:

Applications for examinations	498
Second year students examined	51
Postponed, withdrawn or did not appear	42
Reexamined to raise grades, First Part	2
Reexamined after license to meet requirements of New York Board and other States	7
Expelled from Examinations	1
Not eligible for license	103
Examined in second part of examination	125
Complete examination given	180
Reexamined	90
Eligible for license	395 498
Passed	292
Failed	103 395

Of the 103 who failed, 88 were graduates of foreign medical schools, 1 a graduate of Johns Hopkins University School of

* Dr. Charles C. Zimmerman, of Cumberland, was elected by the Medical and Chirurgical Faculty to serve as a member of the Board until 1962. He resigned shortly after the election and Dr. Wylie M. Faw, Jr. was appointed to serve until Dr. Zimmerman's successor is elected to serve the unexpired term.

Medicine, 2 were graduates of University of Maryland School of Medicine, 1 a graduate of Hahnemann Medical School, 7 were graduates of Howard University School of Medicine, 2 were graduates of St. Louis University School of Medicine, and 2 were graduates of Meharry Medical College.

Licenses issued after examination.....	292
Licenses issued by endorsement of other States' licenses..	101
Licenses issued by endorsement of National Board Certificates.....	90
Total licenses issued.....	483
Licenses revoked.....	3
Licentiates certified to other States.....	324
Copies of licenses issued.....	13
Foreign graduates approved for examination.....	113
Foreign graduates examined and reexamined.....	230
Foreign graduates failed.....	88
Written inquiries from foreign graduates (approx.).....	650
Office interviews with foreign graduates (approx.).....	400
Telephone inquiries from foreign graduates (approx.).....	700

University of Maryland Second Year Students now required to take National Board Examinations

The dates of the National Board Examinations conflicted with the dates of the examinations given by the Board of Medical Examiners and, therefore, very few second year students applied for the examinations. The revenue normally received from the second year students was reduced substantially. The dates of this Board's examinations have been changed to June 23-26, 1959 so as not to conflict with the dates of the examinations given by the National Board.

Increase in Fees

Fees for reciprocity were increased from \$50 to \$100.
Fees for copies of licenses were increased from \$5 to \$15.
Fees for reviewing and evaluating credentials of foreign medical graduates were increased from \$10 to \$15.
The increase in fees was necessary to balance our budget.

Foreign Medical Graduates

After January 1, 1959, all foreign medical graduates, in addition to the present requirements, must first pass the examination given by the Educational Council for Foreign Medical Graduates before being eligible to take our State Board Examination.

Dr. John Wilson

The license of Dr. John Wilson was revoked as he did not possess a full medical license which would entitle him to receive a medical license by reciprocity. He used deception in obtaining a license from the Homeopathic Board.

Dr. Lorenzo B. Evans

Dr. Lorenzo B. Evans' license was revoked as he was convicted of criminal abortion and conspiracy to commit abortion, and sentenced.

Dr. Robert H. Reddick

Dr. Reddick's license was revoked on September 30, 1958

for unlawfully placing a public seal on a medical license. He was convicted and sentenced. He then appealed.

ACTIVITIES January 1, 1959 to March 2, 1959

The conviction of Dr. Reddick was affirmed by the Court of Appeals. The appeal of the revocation of his license is still in court. Steps will be taken as soon as possible to dismiss this appeal.

Annual Congress on Medical Education and Licensure. The meeting was attended by Dr. Lewis P. Gundry and Dr. John H. Hornbaker.

Respectfully submitted,
FRANK K. MORRIS, M.D., *Secretary*

LIBRARY COMMITTEE AND FINNEY FUND COMMITTEE

(Elected by House of Delegates)

Mr. President and Members of the House of Delegates:

Things move along from day to day without the realization of change or progress, but on looking back, we are aware that something outside the regular routine procedure, has been accomplished, after all.

The last of April, Mr. L. R. Newburn came to us as Assistant Librarian and though he has an excellent educational background, it was necessary to train him in library work, particularly for the cataloguing, of which he will in time, take entire charge. Although we are slowly catching up on the backlog, our cataloguing is slower than usual because of errors which now and then come to light and must be corrected. Having books in the old classification and in the new one, impedes our efficiency in giving quick service to our readers.

The last of December we acquired a stack boy, who also acts as a messenger. He comes for two hours daily and has relieved the rest of the staff of the putting away of books and of the integrating of unbound numbers, both primary and duplicate, in our journal collection. He also acts as messenger for interlibrary loans and takes our packages to the post office.

Miss Woods has been her usual tower of strength and a great help, particularly in Reference work.

Although each member of the staff has his or her duties, all are willing to help the others when a particular phase of the work becomes pressing. The staff is cooperative and enjoys the work.

The primary journals before 1900, N-Z have been shelf listed and removed to the basement. While doing this work, we found many sets and parts of sets had never been accessioned. Unfortunately, it was not possible to take care of this matter at the time, but we hope to shelf list A-M, already in the basement before 1956, and when we do so, will try to take care of any omissions in accessioning.

We have also made a start on shelf listing the journals remaining in the upstairs stack. This work has to be done intermittently as time can be found and at the rate we are going, it will take several years to complete the task which is made more difficult by the large number of unbound volumes in the Library.

We have also begun a price list; checking book catalogues against our holdings. Although this can only be a guide, it

should ultimately prove useful in many ways, particularly in guiding us as to what duplicate texts we should keep and also in evaluating our Library for insurance purposes.

In the statistical portion of this report there is recorded an increase in attendance as well as in the number of volumes added to the Library, although there is a decrease in other data. We should not be too discouraged by this; statistics are but the best way we have to show usage and are notoriously unreliable.

Because of personal reasons, your Librarian has been unable to take books to County Society meetings so frequently as we hoped. Next year she will be able to go more often as we sincerely desire to imbue in our county members the feeling of ownership and of the usefulness of their Library.

Last fall, the Council decreed that the Library should be open only from 9 A.M. to 5 P.M. Monday through Friday and be closed Saturdays. We hope this will not inconvenience our members. It is still open till 9 P.M. on the nights of the monthly meetings of the Baltimore City Medical Society.

For the convenience of our members, a book slot has been installed in the front door so that books may be returned at any hour of the day or night.

Our new Executive Secretary, Mr. Sargeant, is a firm believer in the Library and with his help and the cooperation of the entire library staff, we may look forward to increasing usefulness in the years to come.

STATISTICAL REPORT FOR 1958

	Reprints & Misc.	Reports & Pamphlets	Bound Journals	Unbound Issues	Books
Academic Press.....					1
Am. Ass'n. Genito-Urinary Surgeons.....					1
Am. Cancer Society.....		1			
Am. Heart Ass'n.....		1			
Am. Medical Ass'n.....					3
Am. Neurological Ass'n.....					1
Am. Urological Ass'n.....					2
Ass'n. of Am. Physicians.....					1
Balt. Dept. of Health.....					1
Balt. Dept. of Public Welfare.....					1
Bohan, Mrs. Peter Thomas.....					1
Brady, Leo.....					8
Brantigan, O. C.....				165	
Brumback, L. W.....				537	
Carnegie Institution of Washington.....					1
Chesney, A. N.....					5
Ciba Foundation.....					2
City of Hope Medical Foundation.....		2			
Coggins, J. C.....				131	
Committee on Medical Care, Md.....				100	
Dow Corning Corp.....		1			
Dunton, W. R.....	1	15		184	
DuPont de Nemours Co.....				1	

STATISTICAL REPORT FOR 1958—Continued

	Reprints & Misc.	Reports & Pamphlets	Bound Journals	Unbound Issues	Books
Eastland, J. S.....				86	
Feldman, Maurice.....	1			147	
Firor, W. B.....				16	
Ford Foundation.....		1			
Fort, Wetherbee.....		1		15	2
Garlick, W. L.....				21	
Goldstein, A. E.....	10				2
Group for the advancement of Psychiatry.....					2
Gundry, L. P.....				25	
Henry Phipps Inst. Univ. Pa.....					1
Hospital Council, Balt.....					1
Jefferson Medical College.....					1
Hersperger, W. G.....				64	
Imperial Cancer Research Fund.....		1			
Indiana Univ. Medical School.....				7	
Institute of Living, Hartford.....		1			
St. Com. on Librarianship.....		1			
Jones, H. W.....					1
Kemler, J. L.....				7	
Kimberly, R. C.....				144	
Koontz, A. R.....			1	178	1
Lewison, E. F.....				237	
Life Extension Institute.....					1
Life Insurance Ass'n. of America.....					1
Life Insurance Med. Res. Ass'n.....	1				
Little Brown & Co.....					1
La. State Dept. Health.....		1			
Md. Dept. Mental Hygiene.....		1			
Md. State Dept. Health.....		1			1
Md. State Police.....		1			
Md. Tuberculosis Ass'n.....		1		194	
McClinton, Isabel.....				334	
Medical College of Va.....		1			
Med. Res. Council, Gt. Brit.....					36
Metropolitan Life Ins. Co.....		12			
Moore, A.....	50				
Mueller, V. & Co.....				19	
Muscular Dystrophy Ass'n.....		1			
Myers, J. A.....	2			48	
Nat. Bd. Medical Examiners.....		5			
Nat. Foundation Infantile Paral.....					3
Nat. Institute Arthritis.....					1
Nat. Library of Medicine.....					1
Nat. Nephrosis Foundation.....					1
Peabody Institute Library.....					1
Penniman, A. L.....					1
Pfizer, Charles & Co.....					1
Planned Parenthood Fed. Am.....					1
Rockefeller Inst. Med. Research.....		1			1
Rosen, Harold.....	6				
Ross Laboratories.....					3
Rothholz, Alma.....				125	
Royal College of Physicians.....					1

STATISTICAL REPORT FOR 1958—Continued

	Reprints & Misc.	Reports & Pamphlets	Bound Journals	Unbound Issues	Books
San Salvador. Ministerio de Cultura.....					3
Searle Research Laboratories.....					1
Shamer, M. W.....					1
Shane, S. M.....					1
Shoaly, W. H.....				262	
Shppard Pratt Hospital.....		2			
Shipley, E. R.....				13	
Societa Italiana Ortopedia.....					6
Spear, I. J.....	2			32	
Styrt, Jerome.....					13
Tenner, David (Estate).....				355	
Trimble, I. R.....	1			75	6
Union Memorial Hospital.....		1			
U. S. Army Surgeon General.....	1				8
U. S. Children's Bureau.....		12			
U. S. Communicable Disease Center.....		2			
U. S. National Institute Health.....					1
U. S. Public Health Service.....					1
U. S. Veterans Adm. Ft. Howard.....			8		
Univ. Cal. Med. Center Library.....			14		
Univ. Md. School of Medicine.....					4
Upjohn Co.....					1
Vinup, F. H.....				211	
Walsh, F. B.....					1
Wellcome Trust.....		1			
Wells, G. J.....				203	
Williams & Wilkins.....					110
Wilmer Ophthalmological Inst.....					1
Wollenweber, H. L.....				3,269	
Woman's Hospital, Balt.....		1		12	
Woods, A. C.....					1
Woods Schools.....		3			
World Health Organization.....		8			
Young, Betty M.....				26	
	75	78	23	7,243	268

Courtesy Cards issued for borrowing privileges..... 21

Circulation

Bound Journals.....	1,360
Unbound back issues.....	342
Textbooks.....	708
Current Journals.....	580
Total.....	3,378

(Of these 388 were loaned to other libraries.)

Library Holdings

Total volumes Dec. 31, 1957.....	80,788
Added in 1958.....	954
Volumes in Library.....	81,742

Binding

Number of Journals bound.....	442
Cost of binding.....	\$1,823.00

Attendance

Actual registrants.....	1,436
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County Loans

69 packages were sent to members throughout the state.
This does not include those sent to other libraries.

Respectfully submitted,

Library Committee

Louis Krause, <i>Chairman</i>	1961
E. T. Lisansky.....	1959
Lester A. Wall, Jr.....	1960
A. Austin Pearre.....	1962
J. Roy Guyther.....	1963
Joseph E. Medina, D.D.S.....	

Finney Fund Committee

Herbert E. Wilgis, <i>Senior Member</i>	1959
Henry J. L. Marriott.....	1960
George G. Finney.....	1962
Richard G. Coblenz.....	1962
Richard T. Shackelford.....	1963

COMMITTEE ON SCIENTIFIC WORK AND ARRANGEMENTS

(Elected by House of Delegates)

Mr. President and Members of the House of Delegates:

The membership of this Committee will remain the same as in 1958 until after the 1959 Annual Meeting, due to a change in the administrative year of the Medical and Chirurgical Faculty.

The Annual Meeting in 1958* was held at the Alcazar in Baltimore for the first time and proved most successful. The registration passed the thousand mark, which was the highest in the history of our Society. There were 51 technical exhibits, the income from which was approximately 30 per cent more than in 1957, and practically covered the expenses for the Meeting, both scientific and business sessions.

The 1958 Semiannual Meeting once again was held at the Commander Hotel in Ocean City. This Meeting, too, was well attended and enjoyed by all present. The registration was 430, which was slightly more than any previous Semiannual Meeting.

The Annual Meeting this year will again be held at the Alcazar on April 15, 16, and 17. At this writing 58 technical exhibit booths have been reserved, and the anticipated income from these will exceed considerably that in 1958 since the charges per exhibit booth were increased. The Blue Room of the Alcazar has been reserved to provide additional facilities for the relaxation and convenience of those attending the Meeting. It is felt that we have an outstanding scientific

* Annual Meeting (1958) Report, see September 1958, Maryland State Medical Journal, Vol. 7, No. 9, pages 533 to 538.

program scheduled with many prominent and well-qualified speakers from out-of-state medical schools and hospitals, as well as from our own Society.

I wish to take this opportunity to express my appreciation to all those who have helped me during the years I have served on the Committee on Scientific Work and Arrangements.

Respectfully submitted,
Norman R. Freeman, Jr., *Chairman*
Nathan E. Needle
William E. Grose
Houston S. Everett
William Carl Ebeling, *Secretary of Medical and Chirurgical Faculty.* (In conformity with Constitution and Bylaws.)

PROGRAM OF THE SEMIANNUAL MEETING

Friday, September 12, 1958

Headquarters

Commander Hotel, The Boardwalk and 14th Street, Ocean City, Maryland

Registration—9:00 A.M.

LOBBY

All the members and their guests are urged to register so that an accurate record may be kept of the attendance. Those who arrive on Thursday, September 11th may register that evening from 7:30 P.M. to 9:30 P.M.

Business Sessions

BEACH LOUNGE, GROUND FLOOR

Component Society Secretaries' Meeting, Thurs., Sept. 11th, 4:00 P.M.

Council Meeting—Thursday, September 11th, 8:00 P.M.

House of Delegates—Friday, September 12th, 9:30 A.M.

All members are invited to attend the meeting of the House of Delegates, but the privileges of the floor are for delegates only.

Scientific Session—12:30 P.M.

BEACH LOUNGE, GROUND FLOOR

1. Words of Welcome, J. Sheldon Eastland, M.D., President, Medical and Chirurgical Faculty.

2. Recognition and Significance of Anemia. (Illustrated.) C. Lockard Conley, M.D., Professor of Medicine, The Johns Hopkins University School of Medicine, Baltimore.*

Clam Bake Luncheon—2:30 P.M.

On the beach in front of Commander Hotel.

Dance—9:30 P.M. to 1:00 A.M.

DINING ROOM, MAIN FLOOR

Hors d'oeuvres will be served. (Dress Optional). Host—The Medical and Chirurgical Faculty.

Woman's Auxiliary to the Medical and Chirurgical Faculty

MRS. E. RODERICK SHIPLEY, *President*

SOCIAL ROOM, MAIN FLOOR

Friday, September 12, 1958. 10:00 A.M. Open Board Meeting. Social Hour to follow.

The wives of all doctors present for the Semiannual Meeting are invited to attend this meeting. Coffee and buns will be served informally. Come and join us.

The Constitution and By-Laws of the Auxiliary do not provide for a regular Semiannual Meeting. It was thought of the Officers of the Auxiliary that this would afford an opportunity to be together for an informal discussion of Auxiliary matters.

Arrangements Committee

Committee on Scientific Work and Arrangements of the Medical and Chirurgical Faculty: NORMAN R. FREEMAN, JR., M.D., *Chairman*; NATHAN E. NEEDLE, M.D.; WILLIAM E. GROSE, M.D.; HOUSTON S. EVERETT, M.D.; EVERETT S. DIGGS, M.D.

* Published in the June 1959 issue of the Maryland State Medical Journal, Vol. 8, No. 6, pages 239-243.

PROGRAM OF THE ONE HUNDRED SIXTY-FIRST ANNUAL MEETING

The Alcazar, Cathedral and Madison Streets,
Baltimore, Maryland

Wednesday, April 15, Thursday, April 16, and Friday, April 17, 1959

OUTLINE OF MEETINGS

Scientific and Business Meetings will be held at The Alcazar, Cathedral and Madison Streets

Wednesday, April 15

Morning: Council, The Alcazar. House of Delegates, The Alcazar.

Luncheon: Sheraton Belvedere Hotel. Woman's Auxiliary and members of the Faculty.

Afternoon: Scientific Meetings. The Alcazar.

Evening: Medicolegal Symposium. The Alcazar.

Thursday, April 16

Morning: Scientific Meetings, The Alcazar. Election of Board of Medical Examiners at General Meeting, The Alcazar.

Luncheon: Round Table Luncheon, Park Plaza Hotel, Charles and Madison Streets.

Afternoon: Scientific Meetings, The Alcazar.

Evening: Cocktails, Presidential Dinner, General Meeting, Sheraton Belvedere Hotel.

Friday, April 17

Morning: Scientific Meetings, The Alcazar.

Afternoon: House of Delegates, The Alcazar.

ANNUAL MEETING PROGRAM

Wednesday, April 15, 1959

12:30 p.m. Woman's Auxiliary Luncheon. Sheraton Belvedere Hotel. *It is suggested that the members of the Medical and Chirurgical Faculty attend this luncheon as the Auxiliary cooperates with the Faculty, American Medical Education Foundation, etc.*

SCIENTIFIC MEETINGS

Wednesday, April 15, 1959

Afternoon Session, The Alcazar

(Main Entrance on Cathedral Street)

ARCHIE ROBERT COHEN, M.D., *Vice-President*, Presiding

2:00 p.m. VISIT THE EXHIBITS.

2:15 p.m. Surgical Treatment of Aortic Valvular Disease. (Illustrated.) CHARLES A. HUFNAGEL, M.D., Professor of Surgery, Georgetown University School of Medicine, Washington, D. C.

2:45 p.m. Leukemia: Present Status. (Illustrated.) WILLIAM DAMESHEK, M.D., Professor of Medicine, Tufts University School of Medicine, Boston, Massachusetts.

3:25 p.m. VISIT THE EXHIBITS.

3:30 p.m. J. M. T. FINNEY FUND LECTURE. The Surgical Treatment of Chronic Pancreatitis. (Illustrated.) RALPH F. BOWERS, M.D., Chief, Surgical Service, Veterans Administration Medical Teaching Group Hospital, Memphis, Tennessee.

4:10 p.m. Atherogenesis and Lipid Metabolism. (Illustrated.) CHAS. F. WILKINSON, JR., M.D., Professor and Chairman, Department of Medicine, New York University Post Graduate Medical School, New York City.

4:50 p.m. Adjournment.

VISIT THE EXHIBITS.

Wednesday Evening, April 15, 1959

The Alcazar

8:30 P.M.

J. SHELDON EASTLAND, M.D., *President*, Presiding

Medicolegal Symposium*

* Arranged by the Joint Committee on Medicolegal Problems, of which Mr. John S. Stanley is the Chairman for the Maryland and Baltimore City Bar Associations, and Dr. Russell S. Fisher is the Chairman for the Medical and Chirurgical Faculty. Mr. Theodore C. Waters, Sr., is the Chairman of the Symposia Management Subcommittee.

WHIPLASH INJURIES: A CONFERENCE BETWEEN THE COUNSEL AND MEDICAL WITNESSES

(Illustrated)

Moderator

GEORGE McLEAN, M.D., Associate Professor of Medicine, University of Maryland School of Medicine, Baltimore.

Medical Witnesses

Neurological Aspects. JAMES G. ARNOLD, JR., M.D., Professor of Neurological Surgery, University of Maryland School of Medicine, Baltimore.

Orthopedic Aspects. HOWARD F. KINNAMON, M.D., F.A.C.S., Easton, Maryland.

Counsel

HAMILTON O'DUNNE, Esquire, Baltimore.

Question and Answer Period

Thursday, April 16, 1959

Morning Session, The Alcazar

(Main Entrance on Cathedral Street)

LEO BRADY, M.D., *Chairman of the Council*, Presiding

9:00 a.m. VISIT THE EXHIBITS.

9:30 a.m. The Old-Age and Survivors Insurance Disability Program. MAURICE D. DEWBERRY, Regional Representative, Bureau of Old-Age and Survivors Insurance, Social Security Administration; Charlottesville, Virginia.

10:00 a.m. WILLIAM ROYAL STOKES MEMORIAL LECTURE. Staphylococcal Infections in the Antibiotic Era. (Illustrated.) HORACE L. HODES, M.D., Pediatrician-in-Chief, The Mount Sinai Hospital; Clinical Professor of Pediatrics, Columbia University, New York City.

10:40 a.m. Necrology. A. S. CHALFANT, M.D., Memoir Appointee.

The members are requested to remain standing during the reading of the report.

10:50 a.m. ELECTION OF THE BOARD OF MEDICAL EXAMINERS. (The Alcazar.)

11:00 a.m. VISIT THE EXHIBITS.

11:10 a.m. Adrenocortical Steroid Therapy. (Illustrated.)

*Panel Discussion**Moderator*

LAWRENCE E. SHULMAN, M.D., Ph.D., Assistant Professor of Medicine, The Johns Hopkins University School of Medicine, Baltimore.

Participants

Steroids in Relation to Infectious Disease. * IVAN L. BENNETT, JR., M.D., Baxley Professor of Pathology, The Johns Hopkins University School of Medicine, Baltimore.

Steroids in Relation to Connective Tissue Disease. EVAN CALKINS, M.D., Assistant Professor of Medicine, Harvard Medical School; Director, The Robert W. Lovett Memorial Unit for the Study of Crippling Disease, Massachusetts General Hospital; Boston, Massachusetts.

Steroids in Relation to Endocrine Diseases with Special Emphasis on the Adrenogenital Syndrome. LAWSON WILKINS, M.D., Professor of Pediatrics, The Johns Hopkins University School of Medicine, Baltimore.

12:20 p.m. Adjournment. VISIT THE EXHIBITS.

Thursday, April 16, 1959

ROUND TABLE LUNCHEON

The Gold and Washington Rooms, Park Plaza Hotel, Charles and Madison Streets

12:30 P.M.

- | | |
|------------------------------------|------------------------------|
| 1. Anorectal Surgery | THURSTON R. ADAMS, M.D. |
| 2. Atherosclerosis and Diet | E. COWLES ANDRUS, M.D. |
| 3. Treatment of Hypertension | BENJAMIN M. BAKER, JR., M.D. |

* Due to the illness of Dr. Bennett, Dr. Leighton E. Cluff, of Baltimore, Md., kindly presented this part of the program.

4. Indications for Middle Ear Surgery in Hearing Impairments..... JOHN E. BORDLEY, M.D.
5. Pediatric Emergencies..... J. EDMUND BRADLEY, M.D.
6. Staphylococcal Infections..... LEIGHTON E. CLUFF, M.D.
7. Hypnosis..... JACOB H. CONN, M.D.
8. The Management of Fractured Hips..... GEORGE O. EATON, M.D.
9. Treatment of Kidney Stones..... JOHN EAGER HOWARD, M.D.
10. Sterility..... GEORGEANNA E. S. JONES, M.D.
11. Coronary Artery Disease..... JOHN T. KING, M.D.
12. The Physical Examination for Early Diagnosis..... LOUIS KRAUSE, M.D.
13. Arthritis..... HENRY J. L. MARRIOTT, M.D.
14. Acute Gastro-intestinal Bleeding..... SAMUEL McLANAHAN, M.D.
15. Detection and Management of Early Carcinoma of the Cervix..... PAUL E. MOLUMPHY, M.D.
16. Management of Ulcerative Colitis..... MOSES PAULSON, M.D.
17. The Examination of the Hypertensive Patient..... MAURICE C. PINCOFFS, M.D.
18. Steroid Therapy Applied to Dermatology..... HARRY M. ROBINSON, JR., M.D.
19. Psychosomatic Problems: Allergies, Ulcers, Convulsions, etc..... HAROLD ROSEN, M.D.
20. Corticosteroids..... LAWRENCE E. SHULMAN, M.D.
21. Thyroid Cancer..... EDWIN H. STEWART, JR., M.D.
22. Sulfonylurea Compounds in Diabetes..... SAMUEL J. N. SUGAR, M.D.
23. Recurring Pancreatitis..... I. RIDGEWAY TRIMBLE, M.D.
24. Recent Advances in Ophthalmology..... FRANK B. WALSH, M.D.
25. Obstructive Disorders of the Lower Urinary Tract..... JOHN D. YOUNG, JR., M.D.

Thursday, April 16, 1959

Afternoon Session, The Alcazar

(Main Entrance on Cathedral Street)

ALFRED R. MARYANOV, M.D., *Vice-President*, Presiding

2:00 p.m. VISIT THE EXHIBITS.

2:15 p.m. I. RIDGEWAY TRIMBLE FUND LECTURE. Surgical Lesions of the Adrenal Glands. (Illustrated.) JAMES T. PRIESTLEY, M.D., M.S., Ph.D., Professor of Surgery, Mayo Foundation, Graduate School of the University of Minnesota; Member of Surgical Staff of the Mayo Clinic; Rochester, Minnesota.

2:55 p.m. The Natural History of Arteriosclerosis/Obliterations. (Illustrated.)* EDGAR V. ALLEN, M.D., Professor of Medicine, Mayo Foundation for Medical Education and Research, University of Minnesota; Senior Consultant in Medicine, Mayo Clinic; Rochester, Minnesota.

3:35 p.m. VISIT THE EXHIBITS.

3:45 p.m. Therapeutic Uses of Radioiodine. (Illustrated.)

Panel Discussion

Moderator

SAMUEL P. ASPER, JR., M.D.

Participants

Heart Disease. HERRMAN L. BLUMGART, M.D., Professor of Medicine, Harvard Medical School; Physician-in-Chief, Beth Israel Hospital; Boston, Massachusetts.

Thyroid Cancer. JOSEPH E. RALL, M.D., Chief, Clinical Endocrinology Branch, National Institute of Arthritis and Metabolic Diseases, National Institutes of Health, Bethesda, Maryland.

Hyperthyroidism. SAMUEL P. ASPER, JR., M.D., Associate Professor of Medicine and Associate Dean, The Johns Hopkins University School of Medicine, Baltimore.

4:45 p.m. Adjournment. VISIT THE EXHIBITS.

Thursday Evening, April 16, 1959

Sheraton Belvedere Hotel, Charles and Chase Streets

6:00 p.m. Cocktails. Jubilee Room. Those attending the Presidential Dinner are invited.

7:00 p.m. Presidential Dinner.† Charles Room. Members are urged to bring their wives and guests to the dinner, and a cordial invitation is extended to all to attend the general meeting immediately following.

* John Spittell, Jr., M.D., of the Mayo Clinic, presented this paper for Dr. Allen, who was ill.

† Dinner, \$6.50 per person. Reservations, accompanied by check, must be made prior to Friday, April 10, 1959. Dress optional.

General Meeting

Charles Room, Sheraton Belvedere Hotel

8:15 P.M.

J. SHELDON EASTLAND, M.D., *President*, Presiding*EVERYONE is invited to attend this meeting*

1. Invocation. THE REVEREND GEORGE B. SCRIVEN, Rector of the Church of the Nativity, Baltimore.
2. Introduction of MRS. E. RODERICK SHIPLEY, President, Woman's Auxiliary to the Medical and Chirurgical Faculty.
3. Our Partnership with Latin America. MILTON S. EISENHOWER, President of The Johns Hopkins University, Baltimore.

Friday, April 17, 1959

Morning Session, The Alcazar

(Main Entrance on Cathedral Street)

EVERETT S. DIGGS, M.D., Presiding

9:00 a.m. VISIT THE EXHIBITS.

9:20 a.m. Respiratory Resuscitation Techniques. A sound film on an experimental study by PETER SAFAR, M.D., Chief, Department of Anesthesiology, Baltimore City Hospitals.

10:00 a.m. *Clinical Pathological Conference*. (Illustrated.) HARLAN I. FIRMINER, M.D., Professor and Head, Department of Pathology, University of Maryland School of Medicine, Baltimore.

THEODORE E. WOODWARD, M.D., D.Sc., F.A.C.P., Professor and Head, Department of Medicine, University of Maryland School of Medicine, Baltimore.

11:00 a.m. VISIT THE EXHIBITS.

11:15 a.m. Renal Calculous Disease—Metabolic and Clinical Aspects. (Illustrated.) THOMAS B. CONNOR, M.D., Associate Professor of Medicine, University of Maryland School of Medicine, Baltimore.

11:45 a.m. Will You Be Caught With Your Economics Down? WILLIAM ALAN RICHARDSON, President and Editorial Director, Medical Economics, Inc., Oradell, New Jersey.

12:15 p.m. Adjournment. VISIT THE EXHIBITS.

There will be no Scientific Session on Friday afternoon. Members are invited to attend the House of Delegates Meeting at the Alcazar at 2:30 p.m.

EXHIBITORS

Exhibits will be open during Scientific Sessions

Prominent firms, dealing in books and supplies required by physicians, as listed on the following pages, will exhibit during the Annual Meeting of the Medical and Chirurgical Faculty.

Our thanks are extended to Hynson, Westcott & Dunning, Inc., who have kindly contributed to our Annual Meeting, although they will not have an exhibit.

We wish to express our appreciation to the Coca-Cola Bottling Company of Baltimore, The Seven-Up Bottling Company of Baltimore, and the Pepsi-Cola Bottling Company of Baltimore, for serving free soft drinks to those attending the Meeting.

Booth
Number

- 31—Abbott Laboratories
- 57—A. S. Aloe Company
- 20-A—American Ambulance and Oxygen Service Co.
- 17—The Baker Laboratories, Inc.
- 7—Blue Cross—Blue Shield
- 30—The Borden Company Pharmaceutical Division
- 55—Brayten Pharmaceutical Company
- 20-B—A. J. Buck & Son, Inc.
- 12—Ciba Pharmaceutical Products, Inc.
- 34—The Collison Surgical Engineering Co.
- 52—Herbert Cox, Correct Shoes
- 32—Desitin Chemical Company
- 16—Dictaphone Corporation
- 3—The Dietene Company

Booth
Number

- 24—Doho Chemical Corporation
- 39—Eaton Laboratories
- 21—Encyclopaedia Britannica, Inc.
- 2—Federated Bookkeeping Services, Inc.
- 23—C. B. Fleet Company, Inc.
- 10—E. Fougera & Company, Inc.
- 45—Geigy Pharmaceuticals
- 11—Graymar Company
- 8—Charles C. Haskell and Company
- 14-A—Hoffman Surgical Supply Co., Inc.
- 4—Inter-State Medical Supply Company
- 40—Eli Lilly and Company
- 33—Maltbie Laboratories Div., Wallace & Tiernan, Inc.

Booth
Number
50—Mead Johnson & Company
15—Medco Products, Alan G. Day
43—Merck Sharp & Dohme
42—Milex
44—Murray Baumgartner Surgical Instrument Co., Inc.
29—Muscular Dystrophy Associations of America, Inc.
14 B—Norelco Dictating Machines
19—Organon Inc.
35—Ortho Pharmaceutical Corporation
56—Parke, Davis & Company
38—Pfizer Laboratories
36—Wm. P. Poythress & Co., Inc.
9—A. H. Robins Company, Inc.
5—Roche Laboratories, Division of Hoffmann-La Roche, Inc.
41—J. B. Roerig and Company
53—William H. Rorer, Inc.

Booth
Number
6 A—Sanborn Company
25—Sandoz Pharmaceuticals
48—Schering Corporation
46—G. D. Searle & Co.
13—Similac, Ross Laboratories
22—Smith Kline & French Laboratories
27—E. R. Squibb & Sons
6 B—The Stuart Company
54—Sun Life Assurance Co. of Canada
26—Raymond K. Tongue Company
58—U. S. Vitamin Corporation
1—The Upjohn Company
28—VanPelt & Brown, Inc.
18—Westwood Pharmaceuticals
51—The Williams & Wilkins Company

SUBCOMMITTEE ON EXHIBITS

WILLIAM E. GROSE, M.D., *Chairman*, Baltimore
NATHAN E. NEEDLE, M.D., Baltimore

MICHAEL I. O'CONNOR, Baltimore
JOHN A. STREVIG, Phar.D., Baltimore

Representative of Railway Express Agency, Mr. E. R. Redding, will be available for information during the meeting

WOMAN'S AUXILIARY TO THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND
TENTH ANNUAL CONVENTION PROGRAM

April 15 and 16, 1959

Headquarters

Sheraton Belvedere Hotel, Charles and Chase Streets, Baltimore

Hospitality Room: Parlor D, 2nd Floor. This will be provided for the comfort and refreshment of those attending the meetings.

Wednesday, April 15, 1959

Blue Room, Second Floor

MRS. E. RODERICK SHIPLEY, *President*, Presiding

9:30 a.m. Registration.

10:00 a.m. General Session.*

Collect and Pledge of Loyalty. MRS. D. DELMAS CAPLES, *President-Elect*.

Roll Call of Delegates.

Message from ARCHIE ROBERT COHEN, M.D., *Vice-President*, Medical and Chirurgical Faculty.

Response. MRS. CHARLES H. WILLIAMS.

Introduction of Honored Guests.

Presentation of Convention Chairman. MRS. WILLIAM S. STONE.

Presentation of Timekeeper. MRS. PETER BALL.

Reports of Officers.

Recording Secretary. MRS. OTTO C. BRANTIGAN.

Corresponding Secretary. MRS. RAYMOND V. RANGLE.

Treasurer's Report. MRS. EMIL G. BAUERSFELD.

Report of Community Service Chairman. MRS. JOHN O. ROBBEN.

Necrology. MRS. CONRAD ACTON.

Solo. "Lord's Prayer"—Malotte—MRS. ROBERT B. GOLDSTEIN. Accompanied by MRS. HAROLD ROSEN.

President's Report. MRS. E. RODERICK SHIPLEY.

* All wives of physicians, whether or not members of the Woman's Auxiliary, are cordially invited to the general sessions and social functions.

Message from MRS. KALFORD W. HOWARD of Portsmouth, Virginia, Vice-President of the Woman's Auxiliary to the Southern Medical Association.

Report of Nominating Committee. MRS. WHITMER B. FIROR.

Election of Officers.

Installation of Officers. MRS. E. ARTHUR UNDERWOOD, *President of the Woman's Auxiliary to the American Medical Association.*

Presentation of the Gavel.

Acceptance Speech of Newly Elected President. MRS. D. DELMAS CAPLES.

12:00 Noon—Adjournment.

LUNCHEON—12:30 P.M.

Assembly Room, Twelfth Floor, Sheraton Belvedere Hotel

Reservations for tickets (\$3.25 each) must be in the hands of the Chairman, Mrs. Raymond V. Rangle, 3808 St. Paul St., Baltimore 18, Md. by April 8, 1959, in order to insure receipt of tickets in time for luncheon.

MRS. E. RODERICK SHIPLEY, *President*, Presiding

12:30 p.m. Invocation. THE REVEREND GEORGE R. LAEDLEIN, Chapel of St. Christopher, Linthicum Heights, Maryland.

Presentation of Honored Guests. MRS. E. RODERICK SHIPLEY.

Greetings from Medical and Chirurgical Faculty. J. SHELDON EASTLAND, M.D., *President.*

Address. MRS. E. ARTHUR UNDERWOOD, *President of the Woman's Auxiliary to the American Medical Association.*

Presentation of President's Pin. MRS. E. RODERICK SHIPLEY.

Presentation of Past President's Pin. MRS. ALBERT E. GOLDSTEIN.

Inaugural Address. MRS. D. DELMAS CAPLES.

Adjournment.

Thursday, April 16, 1959

Parlor F, Second Floor, Sheraton Belvedere Hotel

9:30 a.m. Past-President's Breakfast.

10:30 a.m. Post-Convention Executive Board Meeting. MRS. D. DELMAS CAPLES, Presiding.

12:45–4:00 p.m. Tour of the following homes: (Admission \$1.50, to be contributed to American Medical Education Foundation.)

Dr. and Mrs. John S. Haines—Blythewood

Dr. and Mrs. Leslie N. Gay—Gay Willows

Dr. and Mrs. Irving J. Taylor—Dumbarton

Dr. and Mrs. William S. Stone—Guilford

Dr. and Mrs. Albert E. Goldstein—Homewood

COMMITTEES: *Convention Arrangements*, Mrs. William S. Stone, *Chairman*; *Tickets and Reservations*, Mrs. Raymond V. Rangle; *Registration*, Mrs. Robert C. Kimberly; *Press and Publicity*, Mrs. E. Ellsworth Cook, Jr.; *Hospitality*, Mrs. Whitmer B. Firor; *Flowers and Favors*, Mrs. Conrad Acton; *Exhibit Booth*, Mrs. David S. Clayman.

Thursday Evening, April 16, 1959, 7:00 P.M.

MEDICAL AND CHIRURGICAL FACULTY PRESIDENTIAL DINNER

(Cocktails 6:00 P.M.)

Wives and Guests Invited. Charles Room, Sheraton Belvedere Hotel, First Floor

The wives are cordially invited to the dinner and are urged to join their husbands on this occasion. Following the dinner DR. MILTON S. EISENHOWER will be the speaker.

LIAISON COMMITTEE ON ACCREDITATION OF HOSPITALS AND INTERN AND RESIDENCY PROGRAMS

(Appointed as a Continuing Committee by the Chairman of the Council as authorized by the Council, June 1957.)

Mr. President and Members of the House of Delegates:

Since our last report, our Committee has been concerned chiefly with the following problems:

1. Analysis of complaints from various hospitals concerning accreditation, mainly that of medical residency accreditation, and forwarding of the substance of such to the various Residency Review Committees.
2. A summarization of the criticisms and complaints presented at a meeting of the administrators and chiefs of service of several Baltimore hospitals, held October 15, 1958.
3. The drafting of two recommendations which were approved by the Council of the Medical and Chirurgical Faculty and forwarded to the Joint Commission on Accreditation and also the Council on Medical Education and Hospitals of the American Medical Association, are as follows:

a. *The Council of the Medical and Chirurgical Faculty is to urge the Council on Medical Education and Hospitals, the Residency Review Committees, and the Joint Commission on Accreditation of Hospitals that a Local Committee within the State Medical Societies be set up with this function; namely, that before rendering an adverse ruling on the accreditation of a hospital and residency within that State, that said Local Committee be called into consultation and given a chance to express its views of such a ruling. It is felt that by means of this mechanism, additional information might be obtained which would be helpful in evaluating the status of the hospitals on residency involvement.*

b. *The Council of the Medical and Chirurgical Faculty further recommends that the Joint Commission on Accreditation of Hospitals consider the signature on the front sheet of the patient's chart as an endorsement of the contents of the chart rather than requiring signature to the various component parts of the patients' charts.*

4. The arrangement of a meeting of our Committee, the Chiefs of Medicine of various hospitals whose medical residency accreditation is under consideration, and Dr. Chester M. Jones of Boston, an Educational Consultant sent out to inspect the aforementioned residencies.
5. Our Committee has also informed hospitals throughout the State that any specific complaints which they might have on accreditation of either hospitals or residency training, if sent in to our Committee, will be forwarded to the proper authorities, thereby speeding up action on them.

The recommendations (a and b) express the views of the Committee after discussions of the Items one and two of this report. Since the results of the discussions of Item four will

not take place until after this report is submitted, further report on this Item will have to be deferred until the next meeting, or a verbal report may be given at the time of the Annual Meeting.

Respectfully submitted,
HERBERT E. WILGIS, *Chairman*
ROBERT L. BAKER
OTTO C. BRANTIGAN
ALAN M. CHESNEY
LEWIS P. GUNDRY
HOWARD W. JONES, JR.
LOUIS KRAUSE
WILLIAM S. MURPHY
STEDMAN W. SMITH

REPRESENTATIVES ON ADVISORY COMMITTEE ON ADOPTION OF STATE DEPARTMENT OF PUBLIC WELFARE

(Appointed by the President, upon authorization of Council, in December 1957, at request of Director of State Department of Public Welfare.)

The representatives of the Faculty attended most of the monthly meetings throughout the year and assisted where possible in discussions concerning general adoption problems.

The primary efforts of your representatives, however, were related to a Sub-Committee which prepared a report on "The Role of the Hospitals in Adoptions." This Sub-Committee presented to the Maryland Hospital Association a list of suggestions for sound adoption procedures by the member hospitals.

The Hospital Association voted to accept these suggestions and to attempt to obtain their ratification by the various member hospitals. It is our understanding that these suggestions have already been incorporated in the procedures of a number of Maryland hospitals.

Respectfully submitted,
J. HUFF MORRISON, M.D.
WILSON GRUBB, M.D.

COMMITTEE TO COOPERATE WITH THE AMERICAN MEDICAL EDUCATION FOUNDATION

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

The Committee met in conjunction with the Fall meeting of the Medical Faculty at the Commander Hotel in Ocean City, Maryland, on September 12, 1958. The Committee Chairman requested approval of the Executive Committee of the Medical Faculty at its meeting in Ocean City to request authority to have submitted on the annual bills of the Faculty to its members an item requesting, on a voluntary basis, a contribution of at least \$10.00 to the AMEF from each member. The annual meeting voted to approve this request.

As a result of this action, and the response to the annual letter from the Committee published in the Maryland State Medical Journal, a great improvement in the number of Faculty members contributing to the AMEF has been experienced.

It is planned to continue a similar program during 1959.

Respectfully submitted,
 WILLIAM S. STONE, *Chairman*
 ALBERT L. ANDERSON
 DAVID J. GILMORE
 BENDER B. KNEISLEY
 GEORGE J. KREIS, JR.
 WILLIAM H. LAWSON
 ROBERT S. MCCENEY
 JAMES A. ROBERTS
 THOMAS B. TURNER

COMMITTEE ON ASIAN INFLUENZA

(Appointed by the President upon request of State Health Department, September 1957.)

There was no formal report, as this Committee was inactive.

AARON H. TRAUM, *Chairman*
 DONALD W. MINTZER
 LEONARD SCHERLIS

COMMITTEE ON PREVENTION OF AUTOMOTIVE HIGHWAY DISASTERS

(Appointed by the President as authorized by the House of Delegates, May 1957.)

Mr. President and Members of the House of Delegates:

This Committee has been active for the past year. Meeting on call by the Chairman.

Activities:

1. Close liaison with Medical Advisory Board of Motor Vehicles Commission.
2. Meeting with and cooperation with Motor Vehicle Committee of State Legislature.
3. Action of Committee: Recommendations:
 - a. Change in eyesight regulation for driver application.
 - b. Recommendation of point system with amendments.
 - c. Recommendation of alcohol test for drunken driver determination.
4. Study of requirements for Motor Vehicle driver application with purpose of strengthening requirements.
5. Continued studies of Motor Vehicle Accident problems:
 - a. Teen age driver.
 - b. Motor Vehicle Law enforcement.
 - c. Driver education in schools.
 - d. Safety belts.

Recommendation: This committee be continued.

Respectfully submitted,
 HOWARD F. KINNAMON, *Chairman*
 A. AUSTIN PEARRE, *Vice-Chairman*
 RUSSELL S. FISHER
 PHILIP A. INSLEY
 EDMOND J. McDONNELL
 JAMES MCC. FINNEY
 A. J. MIRKIN
 JOHN J. TANSEY
 CHARLES CONRAD ZIMMERMAN

BUILDING COMMITTEE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

The last meeting of this Committee was held on October 24, 1958.

The reason no other meeting was held was because we were waiting for information from the Urban Renewal Groups of the City of Baltimore. Prior to the above date our information from the Group was that area 12 was to take in everything up to the West side of Cathedral Street. The East side on which our building is located was not to be included. This group also stated that if the Faculty Building were in good condition it would be allowed to remain as is. The only question remained as to whether or not the building and property would be taken for use as a road. This question has not been decided but the City authorities have agreed to inform the Faculty as soon as a decision is reached.

The Council met after this and the following resolutions were passed:

1. That the name of the Committee be changed to Building Committee (the present name creates some confusion in the minds of the Faculty members, inasmuch as New Building Committee indicated a New Building, rather than a New Committee, as was the intention.)
2. That the Council go on record as approving that the Faculty not move from its present location and that the building be renovated.
3. That the Council authorize the hiring of architects to prepare renovation plans for the present property at 1211-1217 Cathedral Street; such hiring to be paid for from the present Building Funds; that such action be taken after assurance is given that the building and property will not be needed by the City of Baltimore for a road system; and that architects throughout the City and State be solicited to offer plans for such renovation, as well as their charges for carrying out such renovation plans.

The second resolution was based on the fact that it would be too costly for the Faculty to enter into any new building construction such as in Area 12 and that the Faculty should not enter into the real estate business as was originally proposed.

The Chairman brought out that funds were available in the form of a mortgage from the banks now that a portion of the cost of renovations was held by the Faculty.

The Chairman introduced the question of parking for the members; and stated he thought negotiations could be completed to provide for members' parking at adjacent parking areas at a cost of around \$4,000. per year. This he thought should be provided to the members. Discussion took place regarding this question but no definite conclusion was reached.

The question of parking was taken up and the Chairman states that as soon as architect plans are approved by the Council and members that satisfactory arrangements can be made for parking space for all at any time within one block

from our building. The delegates will be informed of any changes as soon as information is given to our Committee.

Respectfully submitted,
ALBERT E. GOLDSTEIN, *Chairman*
JOHN W. PARSONS, *Treasurer*
JAMES G. ARNOLD, JR.
WILLIAM L. GARLICK
R. WALTER GRAHAM, JR.
MARIUS P. JOHNSON

CHARLES F. O'DONNELL
RICHARD W. TELINDE

COMMITTEE ON CONSTITUTION AND BYLAWS

(In conformity with the Bylaws consists of four members to be appointed annually by the President.)

Amendments were mailed to officers of Component Medical Societies and members of the House of Delegates on February 14, 1959.

AMENDMENTS TO CONSTITUTION AND BYLAWS FOR PRESENTATION AT THE ANNUAL MEETING, APRIL 15, 17, 1959

CONSTITUTION

OLD

Article II, Purposes of the Society

The purposes of this Faculty shall be to federate and bring into one compact organization the medical profession of the State of Maryland, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment of just laws relating to the practice of medicine and the public health; to foster friendly *intercourse* among physicians; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland.

Article III, Component Societies

The component Societies of this Faculty are those County Medical Societies and the Baltimore City Medical Society, which hold charters from the Medical and Chirurgical Faculty of the State of Maryland.

Article IV, Composition of the Faculty

The members of this Faculty shall be the Active Members of the Component Medical Societies, together with such other special classes of membership as are specified in Chapter I of the By-Laws.

Article V, House of Delegates

Section 1. The House of Delegates shall be the legislative and business body of the Faculty. It shall elect (1) all the officers and (2) the delegates to the American Medical Association, (with the exception of the members of the Board of Medical Examiners of Maryland.)

Section 2. The House of Delegates shall consist of (1) delegates elected by the component societies, each component society being entitled to elect at least one delegate and an

NEW

Article II, Purposes of the Society

The purposes of this Faculty shall be (as a non-profit organization) to federate and bring into one compact society the medical profession of the State of Maryland, and to unite with similar societies of other states to form the American Medical Association; to extend medical knowledge and advance medical science; to elevate the standard of medical education, and secure the enactment and enforcement of just laws relating to the practice of medicine and the public health; to foster friendly *relations* among physicians; and to enlighten and direct public opinion so that the profession shall become more useful in the prevention and cure of disease, in prolonging and adding comfort to life, and in promoting a satisfactory distribution of medical care to the citizens of Maryland.

Article III, Component Societies

The component Societies of this Faculty are those County Medical Societies and the Baltimore City Medical Society, which hold charters from the Medical and Chirurgical Faculty of the State of Maryland.

No component medical society shall incorporate provisions in its Constitution and Bylaws which conflict with those in the Constitution and Bylaws of the Medical and Chirurgical Faculty of the State of Maryland.

Article IV, Composition of the Faculty

The members of this Faculty shall be the Active Members *in good standing* in their component medical societies, together with such other special classes of membership as are specified in the Bylaws.

Article V, House of Delegates

Section 1. The House of Delegates shall be the legislative and business body of the Faculty. It shall elect (1) all the officers and (2) the delegates to the American Medical Association.

Section 2. Remains unchanged

additional delegate for each 50 active members in good standing, or major fraction thereof; (2) the membership of the Council; and (3) one member elected by the State Board of Medical Examiners.

Article VI—Council

Section 1. The Council shall carry out the mandates and policies of the Faculty as determined by the House of Delegates. Between the meetings of the House of Delegates, it shall have full authority and power to perform all acts and to transact all business for and on behalf of the Faculty, and manage all the property, and conduct all the affairs, work and activities of the Faculty.

Section 2. The Council shall consist of (1) seventeen (17) Councilors; and (2) the President, the immediate Past-President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates and the Chairman of the Committee on Constitution and Bylaws.

Section 3. It is authorized annually to select from its membership a Chairman and a Vice-Chairman of the Council. No Councilor shall be elected as a Delegate to the House of Delegates.

Article VII—Officers

Section 1. The Officers of this Faculty shall be a President, three (3) Vice-Presidents, a Secretary, a Treasurer, and seventeen (17) Councilors. For the election of Councilors of the Faculty the State shall be divided into five (5) districts which are designated Western, Eastern, Central, Southern and South Central.

The component societies which constitute each district are as follows:

Western District: Allegany-Garrett County, Carroll County, Frederick County and Washington County.

Eastern District: Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County and Worcester County.

Central District: Baltimore City, Baltimore County and Harford County.

Southern District: Ann Arundel County, Calvert County, Charles County, Howard County and St. Mary's County.

South Central District: Montgomery County and Prince George's County.

The Councilors shall be elected as follows: nine (9) members from the Central District and two (2) from each of the other four districts. The nine (9) Councilors from the Central District shall include eight (8) from Baltimore City and one (1) from either Baltimore County or Harford County.

Section 2. These officers shall be elected at the Annual meeting of the Faculty as provided for in the Bylaws.

Section 3. All officers, except Councilors shall serve a term of one (1) year. The term of the Councilors shall be for three

Article VI—Council

Section 1. Remains unchanged

Section 2. The membership of the Council shall be determined as provided for in the Bylaws.

Section 3. Delete in toto.

Article VII—Officers

Section 1. The officers of this Faculty shall be a President, President-elect, a First, Second and Third Vice-President, a Secretary, a Treasurer, and the members of the Council as provided for in the Bylaws.

Section 2. Remains unchanged

Section 3. All officers shall serve terms as defined in the Bylaws.

(3) years from the date of their installation into office, provided however that no Councilor may serve more than two (2) consecutive elected terms.

Section 4. The terms of all officers shall begin at the conclusion of the Annual Meeting one (1) year after their election.

Article XI—Reciprocity of Membership, etc.

In order to broaden professional fellowship this Faculty may arrange with other State Medical Associations for interchange of certificates of membership, so that members moving from one state to another may avoid the formality of reelection.

Article XII—Funds and Expenses

Section 1. Funds shall be raised by per capita assessment on each component society in accordance with the provisions in the Bylaws.

Section 2. Funds may also be raised by such special assessments on members as the House of Delegates may determine; by voluntary contributions, devises, bequests and other gifts; by sale of the Faculty's publications, or in any other manner approved by the House of Delegates.

Section 3. Control of funds, investments and expenditures of the Faculty shall be vested in a Committee on Finance and Budget. The Committee on Finance and Budget shall consist of nine (9) members, namely, the Chairman of the Council, the Vice-Chairman of the Council, the Treasurer, the Secretary, the Chairman of the Planning Committee and four (4) additional members appointed by the Chairman of the Council. The Treasurer of the Faculty shall act as Chairman of the Committee on Finance and Budget.

It shall be the duty of the Committee on Finance and Budget to act for the House of Delegates and for the Council.

It shall also be the duty of this Committee to prepare the annual budget of the Faculty, which shall be submitted to the Council for its action at the first regular meeting after the beginning of the fiscal year. The budget shall also be presented to the House of Delegates at the Annual Meeting. The budget shall comprise a financial plan for the work of the Faculty, and no expenditures other than those provided for in the budget shall be made unless approved by the Council or by the Executive Committee of the Council.

Section 4. All resolutions appropriating expenditures must originate in the House of Delegates, or the Council, and shall be referred to the Committee on Finance and Budget for its approval before action is taken thereon.

Section 5. No officer or Committee shall expend any money unless authorized by the House of Delegates or Council.

Article XV—Amendments

The House of Delegates may amend any article of this Constitution by a vote of two-thirds of the Delegates present at any Annual Session, provided that such amendment shall

Section 4. Remains unchanged

Article XI—Reciprocity of Membership, etc.

In order to broaden professional fellowship this Faculty may arrange with other State Medical Associations for interchange of certificates of membership, so that members moving from one state to another may avoid the formality of reelection, if such member is in good standing at the time of the transfer.

Article XII—Funds and Expenses

Section 1. Remains unchanged

Section 2. Remains unchanged

Section 3. Control of funds, investments, and expenditures of the Faculty shall be vested in the Committee on Finance and Budget as provided for in the Bylaws.

Section 4. Remains unchanged

Section 5. Remains unchanged

Article XV—Amendments

The House of Delegates may amend any article of this Constitution by a vote of two-thirds of the Delegates present at any Session, provided that such amendment shall have

have been presented in open meeting at the previous annual, semi-annual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

been presented in open meeting at a previous annual, semi-annual session or special session, and that it shall have been sent officially to each component society at least two months before the meeting at which final action is to be taken.

AMENDMENTS TO CONSTITUTION AND BYLAWS FOR PRESENTATION AT THE ANNUAL MEETING, APRIL 15, 17, 1959

BYLAWS

OLD

Chapter I, Membership

Section 1. This Faculty shall consist of Active Members, Associate Members, Emeritus Members, Fifty Year Members, Non-Resident Members and Honorary Members.

Section 2. The Active Members of this Faculty shall be the Active Members of the component medical societies.

Section 3. Associate Members. Doctors of Medicine or those holding academic degrees of equal rank, who are not engaged in the private practice of medicine, shall be eligible for associate membership.

Only those Associate Members who pay the full rate of \$15.00 per year shall receive the Journal, without additional cost.

The members of the Baltimore City Dental Society in good standing with their own society shall be designated as associate members.

Associate Members shall have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, to hold such meetings in the building as meet with the approval of the House Committee, but do not have a right of defense for malpractice, nor to vote, nor to hold office.

Section 4. Affiliate Members. Affiliate Members shall be physicians licensed to practice medicine in Maryland who are not eligible for active membership in the Medical and Chirurgical Faculty because they are active members in other constituent associations of the American Medical Association.

Affiliate Members shall receive the Journal and shall have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, to hold such meetings in the building as meet with the approval of the House Committee, but do not have the right of defense for malpractice, nor to vote, nor to hold office.

Section 5. Emeritus Members. An Active Member in good standing may, on the recommendation of the Council, and a majority vote of the House of Delegates, be made an Emeritus Member, enjoying without payment of dues all the privileges of the Faculty, except of holding office and he shall not be eligible for Physicians' Defense for alleged malpractice occurring after becoming an emeritus member.

Section 6. Fifty Year Members. Any physician who has been an Active Member of the Faculty in good standing for fifty years, or over, is automatically entitled to all the privi-

NEW

Chapter I, Membership

Section 1. Membership in a Component Medical Society mandatorily confers membership in the Medical and Chirurgical Faculty with all rights, privileges and responsibilities thereunto appertaining.

Section 2. This Faculty shall consist of Active Members, Associate Members, Affiliate Members, Emeritus Members, Fifty-year Members, and Honorary Members.

Section 3. The Active Members of this Faculty shall consist of Active Members who are in good standing in their respective component medical societies.

Section 4. Associate Members of this Faculty shall consist of (1) Doctors of Medicine or those holding academic degrees of equal rank, who are not engaged in the clinical practice of medicine, and Doctors of medicine engaged in clinical practice and in full-time teaching positions in a medical school having a rank below that of Associate Professor; (2) Doctors of Medicine on the resident staff of a hospital or Fellowship and not in private practice; (3) Members of the Baltimore City Dental Society in good standing with their own Society.

Section 5. Affiliate Members of this Faculty shall consist of (1) Physicians licensed to practice medicine in Maryland who are not eligible for active membership in the Medical and Chirurgical Faculty because they are active members in other constituent associations of the American Medical Association and (2) those active members who have removed from the State and wish to retain their affiliation with the Faculty.

Section 6. Emeritus Members shall be those Active Members in good standing who, upon request of the component society and on the recommendation of the Council and a majority vote of the House of Delegates, are designated Emeritus Members.

Section 7. Fifty Year Members are those members who have been Active Members of the Faculty in good standing for fifty years.

leges of active membership without the payment of dues if the said member so desires.

Section 7. Nonresident Members. Nonresident Members shall be such Active Members as have removed from the State and wish to retain their affiliation with the Faculty of Maryland.

Section 8. Honorary Members. The title of Honorary Member may be conferred upon any distinguished member of the American Medical Association residing out of the State, or upon any distinguished foreign physician, upon recommendation of the Council.

Section 9. Any physician not a resident of this State, who is a member of his own State Association, may become a guest during any Annual Session on Invitation of this Faculty, and shall be accorded the privilege of participating in all of the scientific work for that Session.

Section 10. No person who is under sentence of suspension or expulsion from a component society, or whose name has been dropped from its roll of members, shall be entitled to any of the rights or benefits of this Faculty, or be permitted to take part in any of its proceedings until he has been relieved of such disability.

Chapter II. Dues and Assessments.

Section 1. Active Members. Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. The amount of the dues shall be \$50.00 per capita per annum for active members of the Component Societies, with the following exceptions:

a. In the Component Medical Societies the following rates shall prevail: for the first year in private practice the dues shall be \$15.00 per capita per annum; for the second year, \$25.00; and the third year and thereafter, \$50.00.

b. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.

c. The dues of a licensed physician in Maryland who holds an academic position on a strict full time salary basis, other than as a fellow or house officer, shall be \$10.00 per annum as long as he holds a rank below that of an associate professor, and he shall not be liable for assessment.

The per capita dues and assessments are to be included in annual dues of the individual member as paid to his component society; and any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an active member. However, it is herein exacted that only active members, whose dues and assessments have been paid in advance, prior to January thirty-first, of each current year, will be eligible for the provisions of Physicians' Defense.

Section 2. Associate Members. The annual dues for associate members shall be \$15.00 per year, and shall be payable January 31, in advance, with the following exception:

Delete in toto.

Section 8. Honorary Members shall be those individuals designated, upon recommendation of the Council, or the House of Delegates, to receive this title.

Section 9. Remains unchanged.

Section 10. Remains unchanged.

Chapter II. Dues and Assessments.

Section 1. Funds shall be raised by per capita dues and assessments to be paid by every member of the component societies. These shall be fixed from time to time by the House of Delegates and shall be binding on all members.

Beginning April 17, 1959, the dues shall be as follows:

Active Members: Active members of the Medical and Chirurgical Faculty of the State of Maryland shall pay \$50.00 per capita per year for active members of the component medical societies, except that they shall be \$15.00 per year for the first year in private practice and \$25.00 per year for the second year in private practice.

Associate Members: Associate members of the Medical and Chirurgical Faculty of the State of Maryland shall pay as follows:

Doctors of Medicine or those holding academic degrees of equal rank who are not engaged in the clinical practice of medicine and doctors of medicine engaged in the clinical practice of medicine and full-time teaching in a medical school who have a rank below that of Associate Professor, \$25.00.

Doctors of Medicine on the resident staff of a hospital or fellowship, and not in clinical practice, \$5.00.

Members of the Baltimore City Dental Society \$3.00 per year for each of its members, which will be paid to the Treasurer of the Medical and Chirurgical Faculty by the Treasurer of the Baltimore City Dental Society. In addition, the Treasurer of the Baltimore City Dental Society will also pay the sum of \$50.00 per year to the Medical and Chirurgical Faculty for the purchase of dental books and journals.

Affiliate Members: The annual dues for affiliate members shall be \$15.00 per year.

Section 2. Exemptions. Members exempt from payment of dues and assessments are as follows: Emeritus Members, Fifty-year Members and Honorary Members. Members

a. As long as a physician is on the resident staff of a hospital or fellowship and not in private practice, his dues for membership in either the Baltimore City Medical Society or the County Medical Societies shall be \$2.50, and he shall not be liable for assessment.

b. The Treasurer of the Baltimore City Dental Society shall pay to the Treasurer of the Medical and Chirurgical Faculty each year the sum of \$3.00 as annual dues for each of its members who shall be designated as associate members. The Treasurer of the Baltimore City Dental Society shall also pay annually to the Medical and Chirurgical Faculty the sum of \$50.00 for the purchase of dental books and journals.

Section 3. Affiliate Members. The annual dues for affiliate members shall be \$10.00 per year, and shall be payable January 31, in advance, and shall not be liable for assessment.

Section 4. Nonresident Members shall pay \$5.00 dues per annum directly to the Treasurer and shall receive all notices and publications.

Section 5. The fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

exempt from payment of assessments are as follows: Associate Members and Affiliate Members.

Section 3. The Fiscal year of the Faculty shall be from January first to December thirty-first inclusive.

Section 4. Component Societies will establish their own dues in accordance with their Constitution and Bylaws.

Section 5. The per capita dues and assessments are to be paid by the individual member through his component society. Any member paying dues and assessments in each current year prior to ten days before the Annual Meeting is to be considered an Active Member in good standing. However, it is herein exacted that only Active Members whose dues and assessments have been paid in advance before January thirty-first of each current year will be eligible for legal defense for any suit alleging professional liability.

Chapter III. Rights and Privileges of Members.

Section 1. *Active Members* shall have all the rights and privileges of full members, including the right to Physicians' Defense, subscription to the Maryland State Medical Journal, privileges of voting and holding office, rights to attend annual and semiannual meetings of the Faculty and any other rights and privileges not specifically spelled out in these bylaws.

Section 2. *Associate Members* shall have all the rights and privileges of Active Members except the right to vote or hold office. Further, only those Associate Members who are *Doctors of Medicine on the resident staff of a hospital or Fellowship and not in private practice, have the right to legal defense in the event of an alleged case of professional liability.* Associate Members have the privileges of the building, the Reading Room, the use of books, the right to attend such meetings as they may elect, and to hold such meetings in the building as meet with the approval of the Executive Committee.

Section 3. *Affiliate Members* shall have all the rights and privileges of Active Members except the right to vote, hold office and the right to legal defense in the event of a suit for professional liability.

Section 4. *Emeritus Members* shall have all the rights and privileges of Active Members, except the right to vote, hold office or the right to legal defense in the event of a suit for professional liability.

Section 5. *Fifty-year Members* who qualify for this category of membership after being in good standing for fifty years or more continue to be eligible for legal defense in the event of a suit for professional liability.

Section 6. *Honorary Members* shall have all the privileges of Active Members, except the right to vote, hold office and legal defense for any suit alleging professional liability.

Section 7. *Professional liability* as used throughout the

Chapter III. General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President, one of the Vice-Presidents, and at such meetings shall be delivered the address of the President and the orations.

Section 2. The General Meeting may recommend to the House of Delegates the appointment of Committees or Commissions for scientific investigation of special interest and importance to the profession and public.

Section 3. Registration. Each member in attendance at the Sessions of the Faculty shall register his name on the registration book, indicating the component society of which he is a member. No member shall take part in any of the proceedings of any session until he has complied with the provisions of this section.

Chapter IV. House of Delegates.

Section 1. The House of Delegates shall meet during the Annual and Semiannual Meetings of the Faculty. At the Annual Meeting, the House of Delegates shall meet on the opening (first) day. It may adjourn to reconvene from time to time as may be necessary to complete its business, provided that its hours shall conflict as little as possible with the General Meetings. The order of business shall be arranged as a separate section of the program.

Section 2. Twenty members in attendance of the House of Delegates shall constitute a quorum.

Section 3. It shall, through its officers, Council and otherwise, give diligent attention to and foster the scientific work and spirit of the Faculty.

Section 4. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist,

and for organizing the profession in counties where societies do not exist. It shall systematically endeavor to promote friendly relations among physicians of the same locality.

Section 5. It shall elect representatives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body.

Section 6. It shall, upon application, provide and issue charters to county societies organized in conformity with the spirit of this Constitution and By-Laws.

Section 7. It shall divide the State into Councilor Districts, when requested in any Annual Meeting, specifying what counties each district shall include; and, when the best interest of the Faculty and profession will be promoted thereby, organize in each a district medical society. All members of component societies, and no others, shall be members of district societies.

Section 8. It shall have authority to appoint committees for

sections of these bylaws is interpreted to mean that liability which is peculiar to the practice of medicine and which arises during or out of the professional activities of the physician.

Chapter IV. General Meetings.

Section 1. All registered members may attend and participate in the proceedings and discussions of the General Meetings. The General Meetings shall be presided over by the President, President-elect, one of the Vice-Presidents, or any other officers, and at such meetings shall be delivered the address of the President and the orations.

Section 2. Remains unchanged.

Section 3. Remains unchanged.

Chapter V. House of Delegates.

Section 1. Remains unchanged.

Section 2. Remains unchanged.

Section 3. Remains unchanged.

Section 4. Remains unchanged.

Section 5. Remains unchanged.

Section 6. Remains unchanged.

Section 7. Remains unchanged.

Section 8. Remains unchanged.

special purposes from among members of the Faculty who are not members of the House of Delegates. Such Committees shall report to the House of Delegates, and may be present and participate in the debate on their reports.

Chapter V. Election of Officers.

Section 1. No Change

Section 2. The recommendations of the Nominating Committee shall be presented at the Annual Meeting, at the first meeting of the House of Delegates after which the *President* is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Section 3. No Change

Section 4. No Change

Chapter VI. No Change

Chapter VII. Duties of Officers.

Section 1. The President shall preside at all meetings of the Faculty and of the House of Delegates. Upon the direction of the House of Delegates or the Council, he shall appoint all committees for which provision has not been made. He shall deliver an annual address at such times as may be arranged by the Committee on Scientific Work and Arrangements. He shall preserve order, enforce the observance of the Constitution and Bylaws, and cast the deciding vote in all cases of equal division. He shall be ex-officio member of all committees.

Section 2. The Vice-Presidents shall assist the President in the discharge of his duties. In the event of the President's death, resignation or removal, the Council shall select one of the Vice-Presidents to succeed him.

Section 3. Secretary. The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex officio, Secretary of the Council. He shall be ex officio member of all committees. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of all the legal practitioners of the State by Counties noting on each his status in relation to his county society, and, on request, shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the

Section 9. A Speaker/or Vice-Speaker of the House may preside at meetings as provided elsewhere in the Bylaws.

Chapter VI. Election of Officers.

Section 2. The recommendations of the Nominating Committee shall be presented at the Annual Meeting at the first meeting of the House of Delegates after which the *Presiding Officer* is to invite and receive additional nominations from the floor from accredited members of the House of Delegates.

Chapter VII

Chapter VIII. Duties of Officers.

Section 1. The President may preside at all meetings of the Faculty. He may appoint committees with the approval of the House of Delegates, the Council and the Executive Committee of the Council. He may deliver an annual address at such times as may be arranged by the Committee on Scientific Work and Arrangements. He shall preserve order, enforce the observance of the Constitution and Bylaws, and cast the deciding vote in all cases of equal division. He shall be ex-officio member of all committees except the nominating committee, *and may be elected as Chairman of the Council*. He shall perform such other duties as usually pertain to the office and as may be prescribed by the Society in the Bylaws or in any resolutions it may pass.

Section 2. The President-elect and the Vice Presidents shall assist the President in the discharge of his duties.

In the event of the President's death, resignation or removal, the President-elect shall succeed him. In the event of the death, resignation, or removal of both the President and the President-elect, any of the Vice-Presidents may succeed in the order of his designation.

Section 3. Secretary. The Secretary shall attend all the General Meetings of the Faculty and the Meetings of the House of Delegates, and shall keep minutes of their respective proceedings in separate record books. He shall be ex officio Secretary of the Council. He shall be ex officio member of all committees. He shall be custodian of all record books and papers belonging to the Faculty, except such as properly belong to the Treasurer, and shall keep account of and promptly turn over to the Treasurer all funds of the Faculty which come into his hands. He shall provide for the registration of the members and delegates at all Sessions. He shall, with the cooperation of the secretaries of the component societies, keep a card-index register of the members of the Medical and Surgical Faculty, noting on each his status in relation to his component society, and on request shall transmit a copy of this list to the American Medical Association. He shall aid the Councilors in the organization and improvement of the County Societies and in the extension of the power and usefulness of this Faculty. He shall conduct the official correspondence notifying members of meetings, officers of their election and Committees of their appointment and duties. He shall employ such assistants as may be ordered by the House of Delegates, or the Council, and shall make an annual report to the House of Delegates. He shall supply each component society with the

necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Section 4. Assistant Secretaries. The Secretary may appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Recording Secretary. The tenure of office of those appointees will be at the pleasure of the Secretary.

Section 5. Treasurer. The Treasurer shall be the Chairman of the Committee on Finance and Budget. He shall give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall yearly render to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

Chapter VIII. The Council.

Section 1. The Council shall meet on the day of the annual session, preceding the meeting of the House of Delegates, during the sessions and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall elect a Chairman and a Vice-Chairman from its own membership annually. It shall, through its Chairman, make an annual report to the House of Delegates. Ten members shall constitute a quorum.

necessary blanks for making their annual reports, shall keep an account with the component societies charging against each society its assessment, collect the same, and at once turn it over to the Treasurer. Acting with the Committee on Scientific Work and Arrangements, he shall prepare and issue all programs.

Section 4. Assistant Secretaries. The Secretary may request the Council to appoint one or more members of the Faculty in good standing as Assistant Secretaries, to whom he may allot the duties usually pertaining to those of Assistant, Corresponding and Recording Secretary. The tenure of office of those appointees will be at the pleasure of the Council.

Section 5. Treasurer. The Treasurer shall be the Chairman of the Committee on Finance and Budget. He shall give bond in the sum to be fixed by the Council, the premium on which shall be paid by the Faculty. He shall demand and receive all funds due the Faculty, together with the bequests and donations. He shall pay money out of the Treasury only as directed by the House of Delegates or the Council, in accordance with the annual budget duly approved by the Council. He shall subject his accounts to such examination as the House of Delegates may order, and he shall yearly render to the House of Delegates an account of his activities and of the state of the funds in his hands. He shall pay the vouchers of the Library Committee not to exceed the amount of the annual appropriation made by the House of Delegates for the support of the library.

Section 6. An Assistant Treasurer. The Treasurer may request the Council to appoint one member of the Faculty in good standing as an Assistant Treasurer to whom he may allot the duties usually pertaining to the Assistant Treasurer. The tenure of office of this appointee will be at the pleasure of the Council.

Chapter IX. The Council.

Section 1. The Council shall consist of (1) seventeen (17) Councilors; and (2) the President, the immediate past President, the President-elect, the Secretary, the Treasurer, the Chairman of the Library Committee, the Delegates to the American Medical Association House of Delegates, and the Chairman of the Committee on Constitution and By-Laws.

For the election of Councilors of the Faculty the State shall be divided into five (5) districts which are designated Western, Eastern, Central, Southern and South Central.

The component societies which constitute each district are as follows:

Western District: Allegany-Garrett County, Carroll County, Frederick County and Washington County.

Eastern District: Caroline County, Cecil County, Dorchester County, Kent County, Queen Anne's County, Somerset County, Talbot County, Wicomico County and Worcester County.

Central District: Baltimore City, Baltimore County and Harford County.

Southern District: Anne Arundel County, Calvert County, Charles County, Howard County and St. Mary's County.

South Central District: Montgomery County and Prince George's County.

The Councilors shall be elected as follows: nine (9) members from the Central District and two (2) from each of the

Section 2. (Was Section 1)

Section 3. (Was Section 2) In the event of the resignation, removal or death of (1) any of the elected officers, or officers-elect, (2) a delegate to the House of Delegates of the American Medical Association, (3) of a councilor, (4) of any member of the following Committees: Committee on Scientific Work and Arrangements, the Library Committee, the Finney Fund Committee, the House Committee—the Council shall have authority to select an active member in good standing to fill the vacancy until the next Annual Meeting of the House of Delegates.

Section 4. (Was Section 3) The Chairman of the Council shall assign to the component societies members of the Council who shall be available to advise and consult with the component societies.

Section 5. (Was Section 4) In sparsely settled sections it shall have authority to organize the physicians of two or more counties into societies to be suitably designated so as to distinguish them from district societies, and these societies, when organized and chartered, shall be entitled to all rights and privileges provided for component societies.

Section 6. (Was Section 5) The Council shall upon request of an active member of the Faculty and upon and in compliance with the conditions hereinafter named, assist in the defense of claims and/or suits for alleged malpractice brought against such member.

Conditions: (a) Any member desiring to avail himself of the provisions of this section shall, as soon as possible after any demand has been made upon him or any suit instituted against him, present to the Council his request for defense and, together therewith, a full and complete history of the case, the services rendered and his further connection with or relationship to the plaintiff; and if the Council decides that his grounds of defense are valid, he shall vest in the Council authority to assist in the defense of said claim or suit.

other four districts. The nine (9) Councilors from the Central District shall include seven (7) from Baltimore City, one (1) from Baltimore County and one (1) from Baltimore City, Baltimore County or Harford County.

The term of the Councilors shall be for three (3) years from the date of their installation into office, provided however that no Councilor may serve more than two (2) elected term.

Section 2. The Council shall meet on the day of the annual session, preceding the meeting of the House of Delegates, during the sessions and at such other times as necessity may require, subject to the call of the chairman, or on petition of three Councilors. It shall elect a Chairman and a Vice-Chairman from its own membership annually immediately following the last meeting of the House of Delegates at the annual session. This shall become effective following the Annual Meeting in 1960. It shall, through its Chairman, make an annual report to the House of Delegates. Ten members shall constitute a quorum.

Section 3. In the event of the resignation, removal or death of (1) any of the elected officers, or officers-elect, (2) a delegate to the House of Delegates of the American Medical Association, (3) of a councilor, (4) of any member of the following Committees: Committee on Scientific Work and Arrangements, the Library Committee, and the Finney Fund Committee—the Council shall have authority to select an active member in good standing to fill the vacancy until the next Annual Meeting of the House of Delegates.

Section 4. The Chairman of the Council may assign to the component societies members of the Council who shall be available to advise and consult with the component societies.

No Change

No Change

(b) The Council shall thereupon furnish in the matter legal services and advice by the attorney for the Faculty and furnish from among Faculty members medical experts to testify in the suit and/or advise as to the claim; provided that the Council shall not obligate the Faculty to the payment of hotel or traveling expenses of the defendant or any witnesses or any costs or expenses in connection with the case or claim, or to the payment of any damages or costs awarded by decree of court or upon compromise; except that the Council may provide for hotel and traveling expenses of the attorney for the Faculty.

(c) The Council shall not undertake the defense of any suit based upon an act committed before the date of qualification of the accused as a member of this Faculty. Furthermore, no member shall be entitled to the privileges of defense by the Council whose dues to the Faculty and assessments levied by the Faculty have not been paid in advance prior to January 31st as elsewhere provided in the Constitution and By-Laws, for the year in which the malpractice is alleged to have occurred and the year when the request is made, and such defense shall be granted only to members residing in Maryland and not to non-resident, or associate members. New members of component societies elected after January 31, whose dues and assessments are paid on or before the day of their election, will be entitled to Physicians' Defense, but only for acts committed after their election.

(d) Such Medico-Legal defense as is herein contemplated refers only to suits for alleged malpractice and is in no sense meant to cover criminal prosecutions nor suits for assault, criminal abortion, foeticide, homicide or other criminal act.

(e) The Council shall have authority to appoint an attorney at law, for the term of one year, to represent the Faculty in all suits for malpractice and similar threats against its members, and to determine his compensation.

Section 7. (Was Section 6) The Council shall have authority to appoint an Executive Secretary; to assign to him such duties and activities as in its opinion will lead to a more orderly administration of the affairs of the Faculty, and particularly which will tend to promote better understanding between the members of the component societies. Such appointee will be responsible to the Council, and will serve during its pleasure.

Section 8. (Was Section 7) The Council shall have the power to appoint all employees of the Faculty, and to fix the compensation to be received by each. This authority carries with it the right to discharge any employees, for due cause; but either in discharging or employing, it is to receive and consider the recommendations of the Library Committee, or the House Committee, according to the authority vested in them under these By-Laws.

Section 9. (Was Section 8) The Executive Committee of the Council shall consist of the Chairman and the Vice-Chairman of the Council, the President, the Secretary and the Treasurer.

No Change

No Change

No Change

No Change

Section 8. The Council shall have the power to appoint all key employees of the Faculty, and to fix the compensation to be received by each. The Executive Secretary, however, shall have the right to employ personnel and similarly to discharge personnel during their six month probationary period. The Executive Committee shall have the power to discharge personnel who have completed their probationary period. The Executive Committee shall consider the recommendations of the Executive Secretary and/or the Library Committee.

Routine Secretarial work may be conducted by the employees of the Faculty with the approval of the Executive Committee. Financial support in connection with such work should come from the bodies for which such work is performed

Section 9. The Executive Committee of the Council shall consist of the Chairman and the Vice-Chairman of the Council, the President, President-elect, the Secretary and the Treasurer.

Between the meetings of the Council it shall act in an advisory capacity to the officers and Staff in questions of immediate importance, but it shall have no power or authority to conduct any of the regular or assigned duties of the Council.

Chapter IX. Standing Committees

Section 1. The standing committees which are to be elected by the House of Delegates, are as follows: Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee.

The standing committees which are to be named by the President, organized as hereinafter provided, are the Resolutions Committee and the Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: Nominating Committee, House Committee, Committee on Finance and Budget, Professional Conduct Committee and Planning Committee.

Section 2. The Committee on Scientific Work and Arrangements

Section 3. The Library Committee

Section 4. The Finney Fund Committee

Section 5. Nominating Committee. The Nominating Committee shall consist of seven (7) members. The immediate Past President shall be the Chairman and the President shall appoint one member from each of the five districts and one at large. No member of the Nominating Committee may serve more often than every five (5) years unless death or resignation makes necessary the immediately preceding Past President serving again.

It shall be the duty of this Committee to consider and prepare a list of members as nominees to fill the various offices. This list is to be printed in the program of the Annual Meeting, and mailed to each member at least ten days before the Annual Meeting. It is to be presented to the House of Delegates at its first meeting; the election is to occur according to Chapter V of the By-Laws.

Section 6. The House Committee. This Committee shall consist of the Executive Committee of the Council (the Chairman and the Vice-Chairman of the Council, the President, the Secretary and the Treasurer) plus the Chairman of the Library Committee. The House Committee shall have full charge of the buildings and other property owned and used by the

Between the meetings of the Council it shall act in an advisory capacity to the officers and Staff in questions of immediate importance, but it shall have no power or authority to conduct any of the regular or assigned duties of the Council.

Section 10. Speaker and Vice Speaker. The Council shall name a Speaker and/or Vice-Speaker of the House of Delegates when requested by the President. The Speaker and Vice-Speaker of the House of Delegates shall be required to attend all meetings of the Council and the Executive Committee of the Council, following their appointments but shall not have the right to vote nor be eligible for the office of Chairman or Vice-Chairman of the Council.

Chapter X. Standing Committees

Section 1. The standing committees which are to be elected by the House of Delegates, are as follows: Committee on Scientific Work and Arrangements, Library Committee and Finney Fund Committee.

The standing committees, which are to be named by the President, organized as hereinafter provided, are the Resolutions Committee and the Committee on Constitution and By-Laws.

The standing committees, organized as hereinafter provided are: Nominating Committee, Committee on Finance and Budget, Professional Conduct Committee, Planning Committee, Resolutions Committee, and Committee on Constitution and Bylaws.

The President shall appoint all committees for which provision has not been made elsewhere in the Constitution and Bylaws, such appointments being subject to the approval of the Executive Committee.

(No Change)

(No Change)

(No Change)

Section 5. Nominating Committee. The Nominating Committee shall consist of seven (7) members. The immediate Past President shall be the Chairman and the President shall appoint one member from each of the five districts and one at large. No member of the Nominating Committee may serve more often than every five (5) years unless death or resignation makes necessary the immediately preceding Past President serving again.

It shall be the duty of this Committee to consider and prepare a list of members as nominees to fill the various offices. This list is to be printed in the program of the Annual Meeting, and mailed to each member at least ten days before the Annual Meeting. It is to be presented to the House of Delegates at its first meeting; the election is to occur as provided elsewhere in the Bylaws.

Section 6. The House Committee. (Delete)

Faculty. It shall make recommendations to the Council for the repair and maintenance of such properties, but shall not enter into any contracts unless authorized by the Council. It shall exercise supervisory control over the members of the staff and other employees (other than the Library Staff) as to changes in personnel, filling vacancies, adjustments of salaries, etc., but the power to make appointments and to fix salaries shall reside in the Council.

Section 7. Committee on Finance and Budget.

Section 8. Professional Conduct Committee.

Section 9. Resolutions Committee.

Section 10. Constitution and By-Laws Committee.

Section 11. Planning Committee. The Planning Committee shall be an advisory committee to the House of Delegates and the Council, and shall consist of the President, the Secretary, the Treasurer, the Chairman of the Council, the Vice-Chairman of the Council and one Representative elected annually (with an Alternate) by each Component Society.

(No Change)

(No Change)

(No Change)

(No Change)

Section 11. Planning Committee. The Planning Committee shall be an advisory committee to the House of Delegates and the Council, and shall consist of the President, the Secretary, the Treasurer, the Chairman of the Council, the Vice-Chairman of the Council and one Representative elected annually (with an Alternate) by each Component Society.

The Planning Committee shall elect a Chairman annually from its membership at its first meeting following the Annual Meeting of the Faculty.

It shall meet at least twice each year and shall undertake the development of new ideas for improvement in the services rendered by the Faculty to its component societies. It shall also give consideration to any matter referred to it by the Council or the House of Delegates, and report its findings and recommendations to the referring body.

Chapter X. Component Societies

Sections 1 through 6 (No Changes)

Section 7. Election of Delegates. At some meeting in advance of the Annual Session of this Faculty, each component society shall elect a delegate to represent it in the House of Delegates of this Faculty in the proportion of one delegate to each fifty active members in good standing, or major fraction thereof, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least *ten* days before the Annual Sessions.

Section 8. Society Roster. The Secretary of each component society shall keep a roster of its members and also a list of the non-affiliated registered physicians in the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in the State, and such other information as may be deemed necessary. In keeping such roster the Secretary shall note any change in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall account for every physician who has lived in the county during the year.

Section 9. Dues and Assessments. The Secretary of each component society shall forward its per capita dues and assessments, together with its roster of officers and members, list of delegates, and list of *non-affiliated physicians of the county* to the Secretary of this Faculty each year *ten* days before the

Chapter XI. Component Societies

Sections 1 through 6 (No Changes)

Section 7. Election of Delegates. At some meeting in advance of the Annual Session of this Faculty, each component society shall elect at least one delegate and an additional delegate in the proportion of one delegate for (50) fifty Active Members in good standing or major fraction thereof, to represent it in the House of Delegates of this Faculty, and the Secretary of the Society shall send a list of such delegates to the Secretary of this Faculty at least *thirty* days before the Annual Session. The number of delegates from each component society shall be determined on a basis of the number of members in good standing as of December 31st preceding the Annual Meeting of the Medical and Chirurgical Faculty.

Section 8. Society Roster. The Secretary of each component society shall keep a roster of its members. In keeping such roster the Secretary shall note any change in the personnel of the profession by death, or by removal to or from the component society, and in making his annual report he shall account for every member who has practiced in the geographical area of the component society during the year.

Section 9. Dues and Assessments. The Secretary of each component society shall forward its per capita dues and assessments, together with its roster of officers and members and list of delegates to the Secretary of this Faculty each year *thirty* days before the Annual Session. Active members who shall have

Annual Session. Active members who shall have paid their dues and assessments in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and By-Laws, Chapter 8, Section 5 of the By-Laws, shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments ten days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after the Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Section 10. Penalties. Any component society which fails to pay its dues and assessments, or make the report required, at least *ten* days before the Annual Meeting as specified in Section 9 shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

Chapter XI, Miscellaneous

Sections 1 through 5 (No Changes)

Chapter XII, Amendments.

paid their dues and assessments in advance on or before January 31st for the year in which the malpractice is alleged to have occurred and the year when the request is made as provided elsewhere in this Constitution and Bylaws shall be entitled to defense against alleged malpractice suits, but only for acts alleged to have been committed during a fiscal year paid for in advance. The fiscal year of the Faculty shall be from January first to December thirty-first, inclusive. Members of component societies who have not paid their dues and assessments thirty days prior to the Annual Meeting, shall be suspended from the Faculty without further action on the part of the Faculty, but may be reinstated on the payment of all indebtedness to the Faculty, but such reinstatement cannot be made until after Annual Meeting. Such members, who are in arrears for over one year, shall again come before the Board of Censors of the component society to which they belonged, before being reinstated. Members so suspended shall not have any privileges of the Faculty until all indebtedness to the Faculty shall have been paid.

Section 10. Penalties. Any component society which fails to pay its dues and assessments, or make the report required, at least *thirty* days before the Annual Meeting as specified shall be held as suspended, and delegates of such delinquent societies shall not be permitted to participate in the proceedings of the House of Delegates until such requirements shall have been met.

Section 11. Each Component Society shall have autonomy with regard to all affairs relating peculiarly and specifically to its geographical confines except as may be provided elsewhere in the Constitution and Bylaws.

Chapter XII, Miscellaneous

Sections 1 through 5 (No Changes)

Section 6. Editorial Board. There shall be an Editorial Board composed of six members of the Faculty, the Editor of the Maryland State Medical Journal and the Business Manager of the Maryland State Medical Journal.

The President shall appoint two members each year for a three-year term, thus sustaining continuity of action by the Editorial Board. The Editor and Business Manager shall continue to be appointed by the Council and shall serve at its pleasure.

Section 7. Delegates to the American Medical Association shall be nominated by the Nominating Committee at least two months prior to the Annual Meeting of the Medical and Surgical Faculty. Nominations may also be requested from the floor by the presiding officer. Any member elected as a Delegate to the American Medical Association shall begin his term of office on January first (1st) of the year following his election and his term of office shall be for three years.

Chapter XIII, Amendments. (No Changes)

Whitmer B. Firor, *Chairman*
E. Cowles Andrus
Leo Brady
Waldo B. Moyers
Edwin H. Stewart

CURATOR: To be appointed.

COMMITTEE ON DIABETES

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

Your Committee on Diabetes concentrated its efforts during this year toward public education and state-wide screening for diabetes.

In Wicomico and Talbot Counties, Diabetes Detection Centers were established where urine and blood samples were analyzed for glucose contents. The urine was tested by the use of the clinistix and the clinitest tablet; the blood was tested by the Wilkerson-Heftmann method, using the clinitron, (on loan from the U. S. Public Health Service). Volunteer service was provided by the Salisbury Junior Chamber of Commerce and by the Easton Hospital Auxiliary. The Maryland Diabetic Association and Pharmaceutical Association provided exhibits of interest to those awaiting testing. There were 347 persons tested in three days (two days in Salisbury and one day in Easton). Although this total seems not impressive as compared to the 5000 tested in Baltimore last year, population wise, it amounted to three and one-half times as many.

In Frederick, Dr. Henry V. Chase reports that 500 test kits were distributed of which 107 were returned; five new cases of diabetes were discovered.

Working in close cooperation with the Maryland Pharmaceutical Association, self-testing kits were distributed in most pharmacies throughout the state. These kits were purchased by the participating pharmacies and were given to the public without charge. Their committee worked actively with us in both planning and publicity. Instructions were given as to the collecting of urine samples, and the returning of the test kit to the Faculty Building. Here, the specimens were sorted by the Ladies Hospital Volunteer Service and rechecked by this committee. Results were returned to the testee and his physician.

Twenty-four thousand of the testing kits were distributed by the neighborhood pharmacies of which 4000 were returned by March 1st. In all 276 tests were positive, of which 15 were previously known to be diabetic. These testees and their physicians were notified of our findings; physicians were requested to return a follow-up card which had been enclosed. At this writing, 95 adequate follow-up reports have been received of which 36 testees were newly discovered to be diabetic. One hundred eighty-one are being followed by County Health Nurses and the Instructing Nurses Association. (I.V.N.A.)

Four thousand three hundred urines were tested by industry with no positive reports at this date. All funds for this campaign were contributed by friends of the committee. We are gratified by the excellent cooperation and work done by the Wicomico and Talbot County Medical Societies and trust that other counties throughout the state will enter into this work in future years.

We recommend that this committee continue in its effort at public education and state-wide screening for diabetes.

Respectfully submitted,
ABRAHAM A. SILVER, *Chairman*
WALTER A. ANDERSON

EDMUND GEORGE BEACHAM
CHARLES JOSEPH BLAZEK
JOHN HOWARD BURNS, JR.
CAROLINE H. CALLISON
CHARLES R. CAMPBELL
HENRY V. CHASE
J. WILFRED DAVIS
RICHARD C. DODSON
EDWARD J. EDELEN
ROBERT W. FARR
SYLVAN D. GOLDBERG
WAVERLY S. GREEN
WILSON GRUBB
J. ROY GUYTHER
THURSTON HARRISON
W. GRAFTON HERSPERGER
PHILIP W. HEUMAN
HENRY J. HOUSKA
SETH H. HURDLE
SAMUEL M. JACOBSON
BENJAMIN F. JONES
HARRY L. KNIPP
E. PAUL KNOTTS
LESTER LEBOW
GEORGE ALLEN MOULTON, JR.
SARAH M. PEYTON
J. EMMETT QUEEN
FRANK M. SHIPLEY
THEODORE R. SHROP
STANLEY R. STEINBACH
SAMUEL J. N. SUGAR
J. FRANK SUPPLEE, III
NATHANIEL R. THOMAS
JAMES U. THOMPSON
ALICE TOBLER-LENNHOFF
GEORGE E. URBAN
STEPHEN J. VAN LILL
LESTER A. WALL, JR.

ANNUAL REPORT OF THE EXECUTIVE SECRETARY

Mr. President and Members of the House of Delegates:

This Annual Meeting marks the conclusion of my first year as Executive Secretary of the Medical and Chirurgical Faculty—a year of stimulating challenge, interest and hard work.

During this year each Component Medical Society, except one, has had a visit from your Executive Secretary. In every instance, the reception accorded him has been one of cordiality, hospitable friendship and a consuming interest in the activities of the Faculty. This interest ranges from what the Faculty is doing to help the individual practicing physician to what is being done on the State and National levels to protect the rights of the Medical Profession as a whole.

The broad experience of your Executive Secretary in the thinking at a County level has been of great help in trying to assist the physician-members of Component Medical Societies. It is extremely difficult, if not almost impossible, to maintain a batting average of 100 per cent, but it is felt that close to this mark has been obtained.

After considerable orientation, your Executive Secretary addressed himself to the suggestions made in the Management Survey of the Medical Society. Many of these the House of Delegates approved in principle; others were approved for implementation by the Executive Secretary. Still others were deferred until a study could be completed, while others were to be analyzed in the light of future developments. I am happy to report that as of this date all those possible to implement have been put into effect. Others are under study by various Committees of the Faculty, and subsequently will be acted upon with the approval of the Council. Items 4-13 in this Report, dealing primarily with personnel recommendations, are undergoing a continuing study. Much progress has been made in this respect and as time goes on additional recommendations or suggestions will be forthcoming. Only one major recommendation still remains to be completed, and this deals with the matter of Public Relations. A suggested committee reorganization, now in the hands of your Planning Committee, contains a recommendation for a formation of a Public Relations Committee. It will act as a guide and advisor to the Executive Secretary, it is hoped, to enable specific projects to be discussed and, if considered suitable, recommended to the Executive Committee and/or Council. Before your next Annual Meeting, it is anticipated that something concrete in this respect will be reported to you.

Specific accomplishments that can be pointed to include:

1. The State Medical Journal put on a self-sustaining basis.
2. Annual Meeting placed on a self-sustaining basis.
3. Plans in progress for presentation of a Group Malpractice Insurance Program for members of the Faculty.
4. Plans underway to provide Blue Cross hospitalization insurance at a *true* group rate to members, saving approximately \$10.00, plus, in premium costs.
5. Institution of a Newsletter in the Journal, as well as a summary of Council action, resulting in members being more cognizant of what is happening on a State level.

In addition, considerable Committee activity, primarily those Committees to which the Executive Secretary can be of assistance, has enabled and assisted Committee Chairmen and members in bringing suggestions and plans to fruition.

At this time, I am looking forward to another productive year of activity on behalf of the Faculty members. This report would not be complete however without an enthusiastic vote of thanks to each and every member of the loyal and devoted staff members in the Faculty office. Without exception, they have given generously and unstintingly of their time, effort and generosity in order to incorporate new ideas and make changes that, I am sure, they were not always completely sold on at the time.

I should like, too, to express my sincere appreciation to the Committee Chairmen and members, Members of the Executive Committee, Council, and in particular to the President of the Faculty, J. Sheldon Eastland, M.D.; and the Council Chairman, Leo F. Brady, M.D. Without the wholehearted interest of these men, my work would have been almost impossible to do.

Respectfully submitted,
JOHN SARGEANT, *Executive Secretary*

GERIATRICS COMMITTEE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

The following is my report on the activities of the Geriatrics Committee for the year of 1958:

Geriatrics is very rapidly coming forward and is being accepted as a movement toward the understanding and the planning for the solution of many of the problems of the aged persons. The persistent activities of a limited number of pioneers in the field are beginning to show results.

The American Medical Association, five years ago, appointed a National Geriatrics Committee. This committee has grown very rapidly to be an influential factor in the development of Geriatrics. Through this committee, the American Medical Association is asserting its interest and responsibility in the multiple problems of aging. The Committees on Geriatrics everywhere are consequently urged to engage in various projects in behalf of the aging, and affiliate with groups and factions in the community which are involved in activities in behalf of the aged. The committee has endeavored to meet these increasing demands for the expansion of its program.

The chairman of your committee participated in a Regional Conference held in Philadelphia in the spring of this year, organized by the Committee on Geriatrics of the American Medical Association. This conference represented 16 eastern states and had a program which effectively presented the many facets of the developments in Geriatrics.

The chairman of your Committee likewise participated in a National Conference in the middle of September convened by the Geriatrics Committee of the American Medical Association in Chicago. At this gathering, the A.M.A. formulated its declaration of readiness to assume wide responsibilities for the welfare of the aged in the community in cooperation with other organizations and institutions. The A.M.A. issued a blueprint for cooperation in geriatrics. It consists of six points:

1. Stimulation of a realistic attitude toward aging by all people.
 2. Extension of effective methods of financing health care for the aged.
 3. Expansion of skilled-personnel training programs and improvement of medical and related facilities for older people.
 4. Promotion of health maintenance programs and wider use of restorative and rehabilitative services.
 5. Amplification of medical and socio-economic research in the problems of the aging.
 6. Cooperation in community programs for senior citizens.
- These six basic purposes, when expanded, cover fully the problems involved.

In the short term legislative assembly in Annapolis that took place in 1958, a committee was appointed to study the advisability of the establishment, by legislative act, of a Statewide Commission for the Aged. Your Committee immediately placed itself at the service of the Legislative Committee, and through Dr. Louis Krause and your chairman,

participated in several of the hearings that were held to clarify and discuss the manner of establishment of such a commission. In addition, your chairman prepared a memorandum fully stating the purposes and scope of such a commission.

A resolution for the establishment of such a commission was presented to the 1959 Legislative Assembly and has already been passed by both Houses and signed by the Governor. The commission is to consist of 16 members. Six members will come from various state departments concerned with public welfare. Ten members will be appointed by the Governor. The medical profession of the state of Maryland will have two representatives. One is to represent the Medical and Chirurgical Faculty and the other will represent the Baltimore City Medical Society. There also will be two members representing the Legislature. Other members will represent industry, commerce, labor, and education.

Sometime toward the end of 1957, the Committee on Geriatrics proposed that a survey be made to ascertain the status of convalescent and nursing homes catering to the aged in the community to evaluate the standards of the larger public institutions for the aged, and to survey the medical facilities in the out-patient clinics and the hospital beds available for the aged persons in the metropolitan Baltimore area. One part of this survey has been completed under the very able guidance of Dr. Matthew Tayback, statistician of the Baltimore City Health Department, with the cooperation of Mr. Herbert J. Fritz of the State Department of Health and with the full cooperation of Mr. Joseph Conte who was on loan from the United States Public Health Service.

This survey was published in the State Medical Journal for the month of December, 1958. The findings of the survey are very enlightening and should be read by all interested in knowing the type of care available for older citizens.

As in 1957, we again obtained the consent of the editor of the State Medical Journal, Dr. George H. Yeager, to have an issue of the Journal dedicated to Geriatrics in 1958. It was the December issue. In this issue, as we have mentioned before, one will find, the survey of the convalescent and nursing homes in metropolitan Baltimore with articles by Dr. Tayback, Mr. Fritz, and Mr. Conte discussing the findings. There is an article by Dr. James A. McCallum on the Montebello Hospital and its activities. The list is headed by the very informative paper that was read by Dr. Robert T. Monroe at the 1958 Annual Meeting of the Medical and Chirurgical Faculty. We also have an interesting collection of briefs and abstracts on Geriatrics, besides miscellaneous items.

This, in brief, comprises the work of the Committee on Geriatrics for the year 1958.

Respectfully submitted,
HERMAN SEIDEL, *Chairman*
B. BRUCE BRUMBAUGH
LOUIS Z. DALMAU
V. L. ELLICOTT
BENJAMIN KADER
LOUIS KRAUSE
ISABEL H. MCCLINTON
GEORGE S. MIRICK
MERRITT ROBERTSON

NORMAN E. SARTORIUS, Sr.
G. DOUGLAS TRETIN
W. ALFRED VAN ORMER

COMMITTEE TO INVESTIGATE GROUP INSURANCE ON A STATE-WIDE BASIS

(Appointed by the President of the Faculty on authority of the House of Delegates, September 1956.)

Mr. President and Members of the House of Delegates:

The results of a poll conducted among the members of the Medical and Chirurgical Faculty late in 1958, indicate there is little interest in life insurance, and little interest in health and accident insurance. The results are:

Health and accident	335
Life insurance	280
Malpractice insurance	487

out of some 3,000 letters sent out.

Of these three types of insurance the largest number requested that something be done about their professional liability coverage. In view of the fact that many have coverage in this category now, over and above the 487 requesting something be done in this connection, it was felt that a sizable number of the members would be interested in any proposal that was submitted to them. Many would, in all probability, switch to such a group policy if the premiums and other conditions were favorable.

As a result of the above information the Committee to Investigate Group Insurance on a State-Wide Basis requests that the following be approved:

1. That no further investigation be conducted in connection with either Life Insurance and/or Health and Accident Insurance unless a large percentage of the membership indicate their desires in this connection.
2. That studies continue as to the possibility of providing a group Professional Liability Insurance policy to the members of the Faculty.

As an explanation of (2) above, it is anticipated that such a policy would:

1. Be an American Company.
2. Be subject to the Maryland Insurance Department's regulations.
3. Be a company that is well established and have adequate reserves and surplus.
4. Contain all necessary clauses and provisions that will give the physician as complete protection as is needed. By this, is meant (1) insuring clauses (2) monetary limits (3) exclusions (4) practice limitations (5) territorial limitations (6) settlement restrictions (7) cancellation clause (8) provision for duty to cooperate with the insurer at all times.
5. Provide for a Faculty Committee to work directly with the carrier to ensure that cancellation of any individual physician's policy is based on sound, logical reasoning and not because the physician has had a suit filed against him.

Work is now progressing in connection with recommendation (2) above, and a concrete proposal may be ready for presentation at the Semiannual Meeting of the Faculty in September.

Respectfully submitted,
FRANK F. LUSBY, *Chairman*
J. TYLER BAKER
M. MCKENDREE BOYER
NORMAN B. COLE
WOLCOTT L. ETIENNE
JOHN N. ROBINSON

COMMITTEE TO REVIEW PROPOSED REGULATIONS ON HOSPITAL LICENSING

(Appointed on authority of Council by its Chairman July 1956, as requested by State Department of Health.)

Mr. President and Members of the House of Delegates:

This Committee has not had a meeting since late December, 1957.

The Council of the Medical and Chirurgical Faculty has made recommendations on two occasions, in March and September, 1958, and the new regulations are awaiting final approval by the State Board of Health.

Respectfully submitted,
HARRY F. KLINEFELTER, JR., *Chairman*
J. OLIVER PURVIS
I. RIDGEWAY TRIMBLE

REPRESENTATIVES FROM MEDICAL AND CHIRURGICAL FACULTY ON MARYLAND JOINT COMMITTEE FOR IMPROVEMENT OF CARE OF PATIENTS SPONSORED BY MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION

(Representatives appointed by Council, June 1957, after similar Committee was abolished by House of Delegates in May 1957.)

Mr. President and Members of the House of Delegates:

Recommended to the Maryland-D.C.-Delaware Hospital Association that it sponsor an Institute on Hospital Floor Management in Baltimore during the year. This project was expanded by the Association to include discussion of maximum-minimal care units for hospitals and the Institute was conducted in Baltimore on March 19, 1959.

Recommended—Creation of a Committee for Recruitment in Health Careers in Maryland, which was referred to the Maryland-D.C.-Delaware Hospital Association's Council on Public Education.

Recommended—The assembling of a bibliography for distribution to hospitals and interested organizations covering local and national studies related to hospital floor management and progressive care methods.

The Nursing Study Project Committee initiated and continues work with the division of Public Health Nursing of the Maryland State Health Department to encourage the use of a standard referral form for public health nurses in the interest of continuity of patient care.

Recommended—That a Nursing Service Institute be conducted by the American Hospital Association in Baltimore during the year. The Institute was sponsored by the Maryland-D.C.-Delaware Hospital Association and was conducted in Washington in January 1959.

Recommended—To the Hospital Council of Baltimore that it sponsor an Institute for Nursing Service and Nursing

Education of Personnel and a committee to service such problems as care of the aged, children, home care, etc.

Committee activities during this year have been confined to problems of student nurse recruitment, nurse recruitment, and methods of improving efficiency of nursing care in hospitals. It is the opinion of the Committee that these are the most important areas for improvement of patient care in Maryland at this time.

It is the consensus of the Committee that

- (1) The nurse recruitment program in Maryland must be dramatically expedited, if the goals set for 1970 are to be met, and
- (2) It is imperative that ways be found to assist in the education of teachers and the nursing programs.

Respectfully submitted,
HERBERT E. WILGIS
(reporting for Committee)
OTTO C. BRANTIGAN
ALBERT I. MENDELOFF
CHARLES F. O'DONNELL
GEORGE H. YEAGER

COMMITTEE TO CONFER WITH INSURANCE CARRIERS IN REGARD TO PROBLEM OF SPECIALTIES—RADIOLOGY, PATHOLOGY, ANESTHESIOLOGY

(Appointed by the Council upon authorization of recommendation adopted by the House of Delegates September 1955.)

Mr. President and Members of the House of Delegates:

This Committee has been inactive during the past year, since most of its activities have been taken over by other committees and other organized medical groups in the State.

There will be no report forthcoming this year; the Committee can either be kept on a standby basis or disbanded—whichever seems more desirable.

Respectfully submitted,
EDGAR T. CAMPBELL, *Chairman*
WEBSTER H. BROWN
GEORGE G. FINNEY
I. RIVERS HANSON
WALTER C. MERKEL

COMMITTEE TO STUDY SIMPLIFIED INSURANCE FORMS

(Appointed by Dr. Eastland per request of Dr. Kinnamon.)

Mr. President and Members of the House of Delegates:

This Committee met on Wednesday, February 25, 1959, to consider the question of a simplified insurance claim for use by members of the Faculty throughout the State.

It was agreed that the form as endorsed by the Maryland Chapter, American College of Surgeons, was, with minor changes, acceptable to the Committee members.

Considerable discussion took place regarding the best manner in which to implement the use of such forms by those members wishing to do so. Those not wishing to use the new form but wishing to continue using those forms sent by the various Insurance Companies could continue to do so.

Arrangements have been made with the Mount Vernon Press to print up a supply of forms, and members may purchase them from this organization at the following charges:

100 sets	\$2.00 Prepaid	} For Duplicate Sets
250	4.50	
500	8.13	

Mount Vernon Press, however, has reserved the right not to go to press until orders have been received for 5,000 sets; and also not to make any charges to the Faculty if orders exceed 10,000 sets. All costs of printing, paper, etc., for sample copies will be borne by the Mount Vernon Press.

The question of having the Insurance Companies buy the forms was discussed but was discarded because control of the contents of the form would, in all probability, pass from the hands of the medical profession.

The forms would be printed in more than one copy because of the necessity for having a carbon in the Physician's office of what information had been provided to the Insurance Carrier, as well as having a duplicate of the Authorization to Pay the Physician, and Authority to Release the Information.

The availability of the forms would be made known through a letter addressed to all Faculty members, enclosing a copy of the form and explaining its use and purpose. Individual physicians would then send their orders directly to the Mount Vernon Press along with the appropriate payment and the forms would be mailed to the physician.

For your information, following is the form which may have slight modifications before formal presentation to the House of Delegates on April 15, 1959.

Use of the form, it is repeated, would be optional with the individual physician.

ATTENDING PHYSICIAN'S STATEMENT Accident or Sickness

- (1) Name: _____ Age: _____
- (2) Address: _____
- (3) Nature of sickness or injury: _____
- (4) Is condition due to pregnancy?
If "yes" what was approximate date of commencement of pregnancy?
- (5) If fracture or dislocation, describe:
Was it confirmed by x-ray?
- (6) When did symptoms first appear or injury occur?
- (7) When did patient first consult you for this condition?
- (8) Has patient ever had same or similar condition?
If "yes" when and describe.
- (9) Describe any other disease or infirmity.
- (10) Nature of surgical care, surgical or obstetrical procedure.
Where and when performed.
- (11) Dates of treatment.
Office: _____
Home: _____
Hospital: _____
If hospitalized give dates: _____
- (12) Is patient still under care?
If discharged give date: _____
- (13) Estimation of T.T.D.
Estimation of T.P.D.
Estimation of P.P.D.
- (14) Is this a compensation case?
- Date: _____ Signed: _____ M.D. _____
(Attending Physician)
- Address: _____

AUTHORIZATION FOR REPORT:

I hereby give permission to _____ to furnish _____ with full details concerning illness or injury which occurred on or about the _____ day of _____ 19 ____.

Signed: _____

Date: _____

Witness: _____

AUTHORIZATION FOR PAYMENT:

I hereby assign all benefits due me under insurance by _____ to _____ M.D., in consideration of professional care rendered me by _____ M.D., in so far as they are necessary to cover my expense. I agree that should the amount be insufficient to cover my entire professional expense I will be responsible for the difference to _____ M.D.

Witness: _____

Signed: _____

Date: _____

Respectfully submitted,
HOWARD F. KINNAMON, *Chairman*
HARRY MCBRINE BECK
M. MCKENDREE BOYER
DALTON M. WELTY

COMMITTEE TO CONSULT WITH LABOR LEADERS AND UNIONS OF MARYLAND

(Appointed by Chairman of Council as authorized by Council, June, 1957.)

Mr. President and Members of the House of Delegates:

The joint committee of the Faculty and the one appointed by the A. F. of L.-C. I. O. has had two meetings. The first was organizational. At the second a beginning was made on enumerating the basic principles on which there is agreement. A delay in further meetings was occasioned by the election of new officers in the labor group. The newly elected president, Mr. Filby, is a member of the committee, and has called another meeting for March 18.

Respectfully submitted,
WARFIELD M. FIROR, *Chairman*
WILLIAM A. PILLSBURY, JR., *Co-Chairman*
C. REID EDWARDS
J. ELLIOT LEVI
CLARENCE E. MCWILLIAMS
CHARLES F. O'DONNELL
HERBERT E. WILGIS

LEGISLATIVE COMMITTEE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

At the 1959 General Assembly a total of 1,667 bills and resolutions in both House and Senate were scrutinized for medical implications. Our Legislative agents, Mr. Walter N. Kirkman and Mr. John Sargeant, with the assistance of Mr. Ira Bird Kirkland, carefully watched the progress of these through the Legislature. Of these, the following were of special interest and were reported in detail to the Council or Executive Committee with the following action:

HOUSE BILL NO. 1 Establishing a Commission on the Aging. Supported by the Faculty. Passed the House and Senate. Signed by the Governor. The Medical and Chirurgical Faculty is represented on this Commission.

HOUSE BILL NO. 5 Amending law relative to the practice of Dentistry. No action necessary by Faculty. Passed the House and Senate.

HOUSE BILL NO. 11 Providing new standard of visual acuity for operators of automobiles. Supported by Faculty. Passed the House—died in the Senate.

HOUSE BILL NO. 14 Relating to the registration of solicitors for schools. Opposed by the Faculty. Died in the House.

HOUSE BILL NO. 154 Establishing a point system for traffic and driving convictions concerning revocation of license to drive automobiles. Supported by the Faculty. Passed the House and Senate.

HOUSE BILLS NOS. 247, 248, 249 Relating to insanity. Supported by the Faculty. Died in Committee.

HOUSE BILL NO. 280 Relating to Commissioners of Pharmacy. No action taken by Faculty. The Bill passed the House and Senate.

HOUSE BILL NO. 312 Providing hospitals could not plead status of a charitable institution as a defense to tort action. Opposed by Faculty. Bill died in the Committee.

HOUSE BILL NO. 369 To increase the salaries of the members of the Medical Board of the Workman's Compensation Commission. Supported by the Faculty. Bill passed the House and Senate and was signed by the Governor.

HOUSE BILL NO. 373 Relative to Pharmacy. No action taken by Faculty. Bill died in Committee.

HOUSE BILL NO. 483 Relating to Mechanics' Lien in connection with hospital charges. No action taken by Faculty. The Bill passed the House and Senate.

HOUSE BILL NO. 492 Abolishing the Anatomy Board. Active opposition provided by large hearing in which members of the Faculty of the Johns Hopkins and University of Maryland Schools of Medicine, Dentistry and Nursing participated. Following a hearing of one and one-half hours in length, this Bill was given an unfavorable report and died in the Committee.

HOUSE BILL NO. 495 Providing for increase in undertakers' fees in burying unclaimed bodies. Actively opposed by Faculty. Bill same as HB 492. Bill died in Committee.

HOUSE BILLS NOS. 496, 497 Providing for increase in undertakers' fees in burying unclaimed bodies of needy blind and those on old age assistance. Opposed by Faculty. Bill passed House and Senate amended.

HOUSE BILL NO. 570 Providing State appropriations for construction on non-profit Nursing Homes. Supported by Faculty. Senate Bill passed—died in House.

HOUSE BILL NO. 560 Prohibiting hospitals from giving discounts to Insurance Companies. Actively opposed by Faculty because of the influence on Blue Cross-Hospital relations. Bill died in Committee.

HOUSE BILL NO. 680 Requiring hospitals to insure their liability for negligent acts. Opposed by Faculty. Bill died in Committee.

HOUSE BILL NO. 892 Including Chiropractors in Blue Shield Plan. Very actively opposed by Faculty. Despite this

the Bill passed the House and Senate but failed of enactment because of legislative procedure at the close of the session.

SENATE BILL NO. 130 In social welfare legislation for benefits, providing the term "blind" means visual acuity not to exceed 20/200. No action taken by Faculty. Passed House and Senate.

SENATE BILL NO. 264 Same as House Bill No. 892 (including Chiropractors in Blue Shield). Died in Senate Committee after active hearings in which the Faculty voiced strong opposition.

SENATE BILLS 309, 310, 311 Same as House Bills 247, 248, 249. Supported by Faculty. Bills died in Committee. (Will probably be sent to Legislative Council for further study).

SENATE BILL NO. 317 Permitting the sale of sparklers and caps. Actively opposed by Faculty. Bill died in Committee.

SENATE BILL NO. 447 Relating to Psychologists. No action necessary by Faculty. Died in Committee.

The Faculty, together with a Committee on Legislation, follows carefully Federal legislation which has medical implications. Weekly reports issued by the Washington Office of the American Medical Association are carefully followed and the Chairman is in touch with the organization of KEY MEN for each state. Of particular interest to the members are the Keogh-Simpson Bills (HB No. 10) which would permit deduction from income tax up to \$2,500.00 for premiums paid on the purchase of annuities. This Bill has been actively supported by the Faculty and has passed the House of Representatives and is now in the Senate.

The Committee wishes to express its deep appreciation for the great assistance and aid given by Senator Frank E. Shipley, a physician in active practice in Savage, Maryland. His influence and work was of infinite value to us during this General Assembly. The Committee also wishes to commend the fine work again performed by our almost invaluable Legislative Agent and friend, Mr. Walter N. Kirkman. In this work he was ably assisted by Mr. Sargeant and by Mr. Ira Kirkland, who have performed their jobs well. The Committee is also very appreciative of the work of the office staff, who so frequently have been called upon on very short notice to do urgent work for this Committee.

Respectfully submitted,
KARL F. MECH, M.D., *Chairman*
FREDERIC V. BEITLER, M.D.
HENRY A. BRIELE, M.D.
F. FORD LOKER, M.D.
JOHN A. O'CONNOR, M.D.
JOHN MACE, JR., M.D.
J. MORRIS REESE, M.D.
FRANK E. SHIPLEY, M.D.

(Each Component Society is represented by the incumbent President, Secretary and Treasurer, and also the Chairman of the Legislative Committee of the Baltimore City Medical Society, Charles R. Goldsborough, until December 31, 1958 and Dr. Newland E. Day beginning January 1, 1959.)

MARYLAND MEDICAL SERVICE, INC., BOARD OF TRUSTEES

Mr. President and Members of the House of Delegates:

It is a pleasure to report that the Maryland Blue Shield Plan has completed another year of important progress in helping its subscribers meet the cost of professional care. This, our eighth year of operation, has shown significant increases in all phases of our activities.

Although our membership growth was not so great as it was in 1957, it was nevertheless substantial. The net increase in Blue Shield enrollment amounted to 32,957 members, a gain of 6.8 per cent for the year bringing our total enrollment to 516,346. Good gains in enrollment among groups which had not previously carried Blue Shield protection more than offset the losses occasioned by cutbacks in heavy industry and their resultant lay-offs. At year's end, Blue Shield enrollment stood at 50.7 per cent of that of its companion Blue Cross Plan, up from 47.5 per cent a year ago.

Plan B, which became effective the first of the year, numbered 16,004 members on December 31, 1958. The growth of this segment of Blue Shield enrollment, while not rapid, has been constant and has shown a marked increase during the last half of the year. Any new program is bound to have slow acceptance at first, particularly when it is a more costly one. Our enrollment representatives are finding increasing interest in the new Plan, however, and it is their feeling that its progress will continue to be steady.

As would be expected, there has been a corresponding financial growth during the year. Total income for 1958 was \$6,421,753, of which amount \$5,817,718, or 91 per cent, was paid out in benefits for subscribers. Operating expenses of \$573,642 accounted for 8.9 per cent of income, leaving only \$4,626 for deposit to unallocated reserves. In other words, the Plan operated on about a "break-even" basis for the year. This was not unexpected, as the rate of utilization of benefits by subscribers has been increasing slowly but steadily for the past several years.

During 1958 a total of 69,675 members received Blue Shield benefits under the Plan A and Plan B programs, while another 21,172 received care under the special "Steel" plan. The previous year, these figures stood at 54,906 and 21,436, respectively. Thus, there was an overall increase of 19 per cent among subscribers who received Blue Shield benefits last year.

These benefits comprised 96,229 separate medical, surgical, obstetrical or ancillary services under Plans A and B. A further 40,471 such services provided under the "Steel" program produced a total of 136,700 claims of all types. This means that the Plan processed an average of 2,629 claims per week during the year.

About 47 per cent of all services covered for Plan A and Plan B members fell into the surgical category, either in or out of the hospital. About 12 per cent involved medical admissions, just over 8 per cent comprised obstetrical benefits and the remaining 33% consisted of the various ancillary services (anesthesia, surgical assistants, consultations, emergency X-ray, and radiation therapy). The "Steel" plan, being primarily a surgical and out-of-hospital diagnostic program, concentrated about 46 per cent of its services in the surgical field and another 48 per cent in ancillary and out-of-hospital diagnostic services. The remaining 6 per cent of the services comprised, in the main, obstetrical cases.

During the year, Maryland Medical Service, Inc. continued its operation as fiscal agent for the "Medicare" program in

Maryland. In this capacity, it handled 5,554 claims for professional services by Maryland physicians to the wives and children of active duty service personnel, the total amount paid being \$458,042. Full details of the operation of this program will be fully set forth in a separate report to the Medical and Chirurgical Faculty by Dr. Wilson L. Grubb, Chairman of the Society's Medicare Medical Advisory Committee. Medicare is strictly a servicing operation and does not directly affect the financial experience of Maryland Blue Shield.

The Physicians' Relations section has continued its efforts during the year, and over 600 physicians' offices throughout the State have been personally visited by Plan representatives. A number of dinner meetings for physicians' office assistants have been held and the response to these has been most gratifying.

At the end of the year, there were 2,498 physicians in Maryland participating in their Blue Shield Plan. This compares with 2,345 a year ago and represents over 95 per cent of the actively practicing physicians in the State. During 1958 about 95 per cent of all Blue Shield payments were made to Maryland participating physicians. The greater portion of the remainder was paid to out-of-state physicians, most of whom were Blue Shield participants in their own states.

I take this opportunity to extend our sincere thanks to the members of the Board of Trustees and to the members of our Medical Relations and Reference and Appeals Committees, all of whom have contributed heavily, in both time and effort, to our operations during the year. Dr. Karl F. Mech, our Medical Director who assumed office early in the year, has been tremendously helpful in the various medical phases of our program. To Mr. Dabney and Mr. Kelly, and their excellent staff, go our sincere thanks for a job well done.

The continuing support and assistance of all our fellow physicians and surgeons will assure an even more effective Blue Shield program during the coming year.

Respectfully submitted,
JOHN E. SAVAGE, M.D.

(Given at the Ninth Annual Meeting of Maryland Medical Service, Inc. February 25, 1959)

MARYLAND STATE MEDICAL JOURNAL, EDITOR

Mr. President and Members of the House of Delegates:

The Maryland State Medical Journal continues to maintain an adequate backlog of scientific material available for publication. A number of new monthly features have been added. A change in cover stock and some minor style changes have increased the eye-appeal of the Journal.

The acquisition of a full time editorial assistant has resulted in more efficient coordination of editorial and advertising activities, with publication dates being met more closely. Production time has been reduced about ten days, this time advantage having been passed along to Journal Representatives and other contributors.

Respectfully submitted,
GEORGE H. YEAGER, M.D., *Editor*
Editorial Board

LEO BRADY
A. EARL WALKER
HUGH J. JEWETT

WILLIAM B. LONG
EPHRAIM T. LISANSKY
EDWARD C. H. SCHMIDT
MR. JOHN SARGEANT,
Business Manager

MATERNAL AND CHILD WELFARE COMMITTEE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

OBSTETRIC SECTION

The present committee represents a consolidation of two previous committees; namely, the Joint Committee on Maternal Mortality of the Baltimore City Health Department and the Baltimore City Medical Society, and the Maternal and Child Welfare Committee of the Faculty. The basic reason for this consolidation was the fact that the number of maternal deaths has decreased drastically in recent years and it was no longer felt necessary to divide the work between two committees. In addition, attendance at committee meetings had shown a decline of late and it was hoped that a combined committee might stimulate more interest. The combined committee began its activities as of January 1958.

PROVISIONAL MATERNAL MORTALITY RATES*—1958

	State of Maryland		Baltimore City		Counties	
	No.	Rate	No.	Rate	No.	Rate
White.....	10	1.7	3	2.1	7	1.6
Non-White..	15	8.8	12	11.2	3	4.8
Total.....	25	3.3	15	6.0	10	2.0

* Per 10,000 Live Births.

CAUSES OF DEATH

1. Hemorrhage.....	11	44.0%
Ruptured Uterus.....	4	
Ruptured Ectopic.....	2	
Abruptio.....	1	
Abortion.....	1	
Placenta Praevia.....	1	
Postpartum.....	1	
Abdominal Pregnancy.....	1	
2. Infection.....	6	24.0%
Postabortal.....	5	
Septicemia and pyelonephritis.....	1	
3. Toxemia.....	4	16.0%
Eclampsia.....	4	
4. Miscellaneous.....	4	16.0%
Chorio-carcinoma.....	1	
Cardiac decompensation.....	1	
Anesthesia accident.....	1	
Amniotic fluid embolus.....	1	

PREVENTABILITY

Non-preventable.....	5	20%
Preventable.....	19	76%
Insufficient Information.....	1	4%

Comments

The above data reflect very little change from 1957. The overall statewide maternal mortality rate is just barely below the figure of 3.4 for 1957. It is worth noting, however, that this is once again a new all-time low for the State. The factors operating to produce the discrepancy between the rates for the total counties and Baltimore City are not clear, but are worthy of analysis and further study. This is the second consecutive year in which the rates for Baltimore City have been significantly higher than for the counties.

In regard to causes of death, hemorrhage, as usual, leads the list. Significant among the hemorrhagic group are the four deaths due to ruptured uterus. Also, under toxemia it should be noted that there were four deaths from eclampsia, a disease which in the light of present knowledge is generally considered to be entirely preventable. The percentage of deaths voted preventable by the committee is somewhat higher than usual, being more than 75 per cent. In many of these preventable deaths, major responsibility was assigned to patients for failure to follow advice or even to seek medical care. One somewhat unbelievable case for modern times concerns a patient who received no prenatal care, made no effort to obtain an attendant at the time of labor, delivered completely unattended, and was found dead on the floor of her home of a massive postpartum hemorrhage.

The committee has no particular recommendations other than to emphasize the fact that eclampsia is still a highly lethal condition and one that can be prevented only by meticulous attention to the earliest signs of developing pre-eclampsia.

Respectfully submitted,
J. MORRIS REESE, *Chairman*
J. EDMUND BRADLEY, *Vice-Chairman*
GEORGE W. ANDERSON
JOHN A. ASKIN
HARRY D. BOWMAN
CAROLINE A. CHANDLER
STUART CHRISTILF, JR.
RAYMOND L. CLEMMENS
EDWARD DAVENS
GEORGE H. DAVIS
D. MCCLELLAND DIXON
NICHOLSON J. EASTMAN
H. W. ELIASON
ABRAHAM H. FINKELSTEIN
S. BUTLER GRIMES
JOHN S. HAUGHT
PAUL HARPER
ARTHUR L. HASKINS
FREDERICK J. HELDRICH, JR.
D. FRANK KALTREIDER
WILLIAM H. LAWSON
G. BOWERS MANSORFER
HUGH B. McNALLY
WILLIAM C. MORGAN
JOHN E. SAVAGE
WILLIAM M. SEABOLD
FRED B. SMITH

F. X. PAUL TINKER
GIBSON J. WELLS
JOHN WHITRIDGE, JR.

MEDICAL ECONOMICS COMMITTEE

(The Chairman of Council and the Chairman of the Planning Committee, as of January, 1959, appointed said Committee.)

Mr. President and Members of the House of Delegates:

This Committee has recently been appointed and held two meetings prior to this Annual Meeting. It is hoped to have a preliminary report at the House of Delegates Meeting so that the members may be informed as to the activities of our Committee.

*ROBERT C. KIMBERLY, *Chairman*
*RICHARD D. BAUER
*A. C. DICK
†EVERETT S. DIGGS
†WILLIAM B. HAGAN
*J. RALPH HORKY
*PHILIP A. INSLEY
†R. CARMICHAEL TILGHMAN

THE MEDICAL ADVISORY COMMITTEE FOR THE MEDICARE PROGRAM

(Council authorized the Executive Committee to appoint this Committee, December 1956.)

Mr. President and Members of the House of Delegates:

Payments to physicians and hospitals by Maryland Blue Cross and Blue Shield for services to the dependents of armed services personnel on active duty for the year 1958 totaled \$900,087. Payments to hospitals accounted for \$442,045, and to physicians, \$458,042.

Activities of the Medical Advisory Committee for the Medicare Program

The Medical Advisory Committee for the Medicare Program met regularly every two months throughout the year. During the year it adjudicated a total of 118 cases which required professional judgment. It is noteworthy that in all instances the Office of the Surgeon General of the Army, administrators of the Program, concurred with Committee opinion. In addition to the cases on which formal Committee action was required, a considerable number was handled more informally through the opinion of members of a sub-committee on maternity care, and also by agreement on the part of individual physicians to follow the decisions that were previously made on similar cases, by which Committee policy had been established.

Table I shows a distribution of Committee cases by type of care. By way of comparison, 1957 figures have been included in Table I.

Payments to Physicians, 1958

The population served by the Medicare Program is composed largely of young women and children. As may be expected, maternity care accounts for more than half of the

TABLE I

DISTRIBUTION OF COMMITTEE CASES FOR YEARS
1957 AND 1958 BY TYPE OF CARE

	1957	1958
Total.....	127	118
Surgery.....	52	50
Obstetrics.....	25	24
Gynecology.....	21	11
Medical.....	7	15
Pediatrics.....	6	6
Consultant.....	6	5
Psychiatry.....	5	4
Radio-therapy.....	0	2
Ancillary.....	5	1

services rendered; indeed, during 1958, 63 per cent of all physician payments was in the obstetrical division, with medical care accounting for only 11 per cent. Surgical services comprised 10 per cent, and ancillary services 5 per cent.

During the year a new Fee Schedule was developed for Maryland. The Medical and Chirurgical Faculty of the State of Maryland named Karl Mech, M.D. as chairman of the Committee to Develop a Fee Schedule for the Medicare Program in Maryland. Dr. Mech's committee held several meetings, with the representatives of each specialty group represented. Wilson Grubb, M.D. was named as negotiator, and after a moderate number of adjustments in keeping with fees payable in other states of the Union, the new Fee Schedule became effective October 15, 1958. This Schedule, now in operation, is a part of a contract entered into between the Office of the Surgeon General of the Army and the Medical and Chirurgical Faculty of the State of Maryland. Maryland Medical Service, Inc., acts as the Fiscal Agent for the Program in this state.

TABLE II
MEDICARE 1958
PHYSICIAN PAYMENTS

Type of Service	No.	%	\$	%
Total.....	5,554	100.0	\$458,042.22	100.0
Obstetrical.....	2,197	39.6	289,650.14	63.2
Surgical.....	935	16.8	93,194.25	20.3
Medical.....	1,515	27.3	53,436.83	11.7
Ancillary.....	907	16.3	21,761.00	4.8

Table II shows the distribution of payments to physicians by type of care.

Hospital Care

Maryland hospitals provided a total of 20,720 days hospital care for 4,239 admissions, as shown in Table III.

Characteristics of the Program

Co-operation by physician and hospital has been characteristic of the Medicare Program since the start. Restriction

* Selected by Chairman, Planning Committee.

† Selected by Chairman, Council.

TABLE III
HOSPITAL ADMISSIONS—1958—MEDICARE PROGRAM

Total payments to Hospitals.....	\$442,045.20
Number of admissions.....	4,239
Number of days hospital care provided.....	20,720
Average length of stay per admission.....	4.9

tions were placed on the type of care allowable from October 1, 1958. The restrictions now in effect require service personnel to obtain care in military facilities when they live with their sponsors and when such care is adequate and easily available. These residing apart from sponsor continue eligible for care in civilian facilities, and civilian facilities are also available to those residing with sponsor to whom a Permit has been issued. In the opinion of those consulted, additional funds will be made available for use in the Medicare Program, but no specific date or amount of increase in appropriation has been set.

Respectfully submitted,
WILSON GRUBB, *Chairman*
ROBERT LEE BAKER
STUART M. CHRISTILF
JAMES MCC. FINNEY
HERBERT N. GUNDERSHEIMER
GUSTAV HIGHSTEIN
W. ROYCE HODGES
JOHN H. HORNBAKER
AMOS R. KOONTZ
JOHN W. PARSONS
JOHN M. SPENCE
BERNARD O. THOMAS, JR.
ROGER S. WATERMAN
JOHN DEAN WILSON

COMMITTEE TO DRAFT A FEE SCHEDULE FOR THE MEDICARE PROGRAM

Mr. President and Members of the House of Delegates:

The original Committee that met two years ago to draft a fee schedule for the Medicare Program was reactivated and had numerous meetings together with Dr. Wilson Grubb, the Chairman of the Committee on Medicare.

The entire fee structure was reviewed and certain changes made as were deemed necessary. Interested groups were contacted in the case of fees. In the total fee structure few changes were necessary and Dr. Grubb's Committee negotiated the new schedule, with the government officials assigned to this, without change.

Respectfully submitted,
KARL F. MECH, *Chairman*
C. BERNARD BRACK
FRANK J. BRADY
WEBSTER H. BROWN
ROBERT P. CONRAD
GEORGE O. EATON
RALPH G. HILLS
W. R. HODGES, JR.
J. H. MASON KNOX, III

FRED T. KYPER
WALTER C. MERKEL
S. EDWIN MULLER
WILLIAM D. NOBLE
JOHN W. PARSONS
JOHN E. SAVAGE
ALEXANDER J. SCHAFER
BYRON D. WHITE

JOINT COMMITTEE WITH THE BAR ASSOCIATIONS ON MEDICOLEGAL PROBLEMS

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

The Symposia Management Committee sponsored a "Symposium on the Relationship Between Injuries and Heart Disease and its Sequelae" on May 15, 1958. The panel consisted of Honorable Emory H. Niles, Moderator, Dr. Paul Dudley White, "Medical Aspects" and Mr. L. Whiting Farinholt, Jr., "Legal Aspects."

The Committee is planning a symposium for April 15 (during Annual Meeting) on the subject, "Whiplash Injuries."

Respectfully submitted,
RUSSELL S. FISHER, *Chairman*
CONRAD ACTON
WARFIELD M. FIRO
LEWIS P. GUNDRY
HOWARD F. KINNAMON
GEORGE MCLEAN
M. C. PORTERFIELD
RICHARD T. SHACKELFORD
WILLIAM G. SPEED
W. KENNEDY WALLER
JOHN M. WARREN
HUNTINGTON WILLIAMS

MEMOIR REPORT

(Appointed by Council)

Mr. President and Members of the House of Delegates:

The Faculty is indebted to our new Executive Secretary, Mr. John Sargeant, for a new promptness and efficiency in the publishing of obituaries in the Maryland State Medical Journal. During the past year these have been contributions of the local correspondents of the County Medical Societies or, in the great majority of cases, the work of our very energetic Secretary, Mrs. Doris Blaney, who also has journalistic experience and is able to secure and organize the information in proper style and in time for the next issue of the Journal. Amplification of these obituaries, by personal tribute from close friends as had been hopefully begun, or by special articles memorializing selected prominent names as assigned by the Editor have not been accomplished since last year.

It is my recommendation that this office be abolished, the publication done in the Journal office and the reading of the names at future annual meetings be by the president, with such remarks as he deems appropriate.

Necrology*

1958-1959

"This is a roll call where the only answer to each name is silence. Not the silence of emptiness, for our hearts are full; not the silence of forgetfulness, for our memories are fresh and poignant; not the silence of solitude, for they have joined the cloud of witnesses; not the silence of absence, for their presence is in this hall of meeting; but the silence of peace, for their striving is done and their work accomplished, and they have entered into the comfort that ends all pain."

Allegheny-Garrett County

Deming, Herbert V. May 9, 1958
Franz, Winter R. April 5, 1958
Gardner, Charlotte B. August 18, 1958

Anne Arundel County

French, William J. August 4, 1958

Baltimore City

Bernheim, Bertram M. November 28, 1958
Blechman, A. Joel November 8, 1958
Bridgman, E. W. April 3, 1958
Erwin, John J. March 14, 1958
Friedman, Joseph October 4, 1958
Geraghty, Francis J. November 1, 1958
Giering, Herman J. November 25, 1958
Gliedman, Lester H. May 20, 1958
Hayward, Eugene H. August 5, 1958
Joslin, C. Loring November 12, 1958
Ketrone, Lloyd W. June 7, 1958
Lederman, Edward I. June 7, 1958
Miller, Benjamin December 24, 1958
Miller, James Patton February 1, 1959
Nachlas, I. William April 20, 1958
Novak, Eduard October 6, 1958
Osborne, John C. December 10, 1958
Ulrich, Henry Franz March 24, 1958

Baltimore County

Bridges, William A. February 23, 1959

Carroll County

Bush, Edgar M. April 3, 1958
Sonnenfeld, Gertrude June 2, 1958
Sonnenfeld, Walter H. February 11, 1958

Cecil County

Magraw, James F. March 27, 1958

Charles County

Bicknell, George C. February 11, 1958

Dorchester County

Brown, Robert D. April 1, 1958

Frederick County

Derr, John S. October 23, 1958

Harford County

Thomison, S. James, Jr. July 16, 1958

St. Mary's County

Greenwell, Francis F. March 26, 1958

Talbot County

Perkins, R. L. June 27, 1958

Washington County

Ard, Robert W. December 20, 1958
Brumback, Lynn H. May 7, 1958
Spence, James E. H. September 27, 1958

Wicomico County

Emrich, William December 15, 1958

Respectfully submitted,
A. S. CHALFANT, M.D., *Memoir Appointee*

MENTAL HYGIENE COMMITTEE

(The President appoints members to this Committee for a term of three years, and at least one is replaced annually.)

Mr. President and Members of the House of Delegates:

This Committee recently met. Two items were under consideration. The Committee endorsed a Bill providing for the emergency commitment of the insane, which is being introduced into the Legislature this session. They also passed a resolution advocating the inclusion of a psychiatrist on the Advisory Board of Blue Cross and Blue Shield.

Respectfully submitted,
MANFRED S. GUTTMACHER, *Chairman*
KENNETH B. JONES
WILLIAM W. MAGRUDER
CLIFTON T. PERKINS
KENT E. ROBINSON
IRVING J. TAYLOR
SARAH S. TOWER
ISADORE TUERK
JAMES S. WHEDBEE, JR.
HARRY M. MURDOCK
RICHARD H. PEMBROKE, JR.

COMMITTEE ON NATIONAL EMERGENCY MEDICAL SERVICE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

This Committee has been very active during the past year. We have had regular meetings at the Faculty headquarters in conjunction with the heads of the State and City Police Departments, the Fire Department, the representatives of the City and State Civil Defense and the Army. There have been seven meetings of this Committee since January 1958, all of which have been very informative and enthusiastically received.

* Report presented at the General Meeting, Thursday, April 16, 1959.

Much work has been done concerning the organization of Emergency Medical Teams to be used either in minor or major disasters, and the first of these teams are now available for duty.

A silent phone is in operation at the Medical and Chirurgical Faculty Building in connection with the organization of the Committee's plans.

We have under study a review of the most efficient chain of command from the scene of a disaster that will summon medical assistance with the least possible delay. The control point or headquarters to provide medical professional coverage in case of a city disaster is to be set up at the Medical and Chirurgical Faculty Building, and that coverage would be on a twenty-four hour basis every day in the year.

The Council has granted permission for the installation of a civil defense radio within the Faculty Building as central headquarters for the coordination of the switchboard and two-way radio maintaining contact with all elements involved in meeting a disaster.

The Editor of the Maryland State Medical Journal has granted space each month so that a series of articles on various aspects of National Emergency Medical Services especially as related to Maryland, and written by various interested individuals, could be printed for the wide dissemination of this information.

Respectfully submitted,
I. RIDGEWAY TRIMBLE, *Chairman*
JOHN EDWARD ADAMS
JOHN G. BALL
HENRY F. GRAFF
ROBERT C. KIMBERLY
ROBERT H. PILGRAM
PERRY F. PRATHER
JOHN F. SCHAEFER
LAWRENCE M. SERRA
DOUGLAS H. STONE
FRANCIS J. TOWNSEND
HUNTINGTON WILLIAMS
PHILIP WHITTLESEY

NOMINATING COMMITTEE*

(In conformity with the By-Laws, Chapter VIII, Section 5, to consist of two most recent living Past Presidents, the Senior of whom shall be Chairman, and three members to be elected by the House of Delegates at Semiannual Meeting.)

Mr. President and Members of the House of Delegates:

NOMINATIONS FOR 1960

(Those elected will assume office at conclusion of Annual Meeting, 1960.)

For Presentation to the House of Delegates, April, 1959

President

WHITMER B. FIROR, Baltimore

* See the minutes of the House of Delegates for April 17, 1959, page 466, for officers, etc., who were elected.

Vice-Presidents

EDMOND J. McDONNELL, Baltimore
MERRILL M. CROSS, Silver Spring
HAROLD B. PLUMMER, Preston

Secretary

WILLIAM CARL EBELING, Baltimore

Treasurer

WETHERBEE FORT, Baltimore

Councilors

M. MCKENDREE BOYER, Damascus, S. Central District (1963)
EVERETT S. DIGGS, Baltimore, Central District (1963)
(Also through Annual Meeting 1960 to fill the unexpired term of Dr. F. J. Geraghty.)
EDWARD W. DITTO, JR., Hagerstown, Western District (1963)
W. ROYCE HODGES, JR., Cumberland, Western District (1963)

Delegates and Alternates to American Medical Association

Delegate—ROBERT V.L. CAMPBELL, Hagerstown (1962)
Alternate—WILLIAM B. LONG, Salisbury (1962)
Delegate—J. SHELDON EASTLAND, Baltimore (1961)
Alternate—WILLIAM B. HAGAN, Mount Rainier (1961)

Committee on Scientific Work and Arrangements

JOSEPH B. WORKMAN, Baltimore (1964)

Library Committee

LESTER A. WALL, JR., Baltimore (1965)

Finney Fund Committee

RICHARD G. COBLENTZ, Baltimore (1962)
(To fill the unexpired term of Dr. John W. Chambers.)
HENRY J. L. MARRIOTT, Baltimore (1965)

Board of Medical Examiners

WYLIE M. FAW, Cumberland (1962)
JOHN H. HORNBAKER, Hagerstown (1963)
FRANK K. MORRIS, Baltimore (1963)

Nominating Committee

C. REID EDWARDS, *Chairman*
J. ROY GUYTHER
FAYNE A. KAYSER
HOWARD F. KINNAMON
WALDO B. MOYERS
F. FORD LOKER
W. ALFRED VAN ORMER

MEDICAL ADVISORY COMMITTEE TO BUREAU OF OLD AGE AND SURVIVORS INSURANCE

(Appointed by the President, October 1957, upon authorization of Council at request of House of Delegates of A.M.A.)

Mr. President and Members of the House of Delegates:

The following recommendations were adopted by the House of Delegates of the Medical and Chirurgical Faculty at its Annual Meeting in April, 1958.

One, a short talk by a representative of the Old Age and Survivors Bureau at one of the forthcoming Faculty meetings.* Two, by the publication of an article in the Maryland State Medical Journal. Three, by the separate mailing of information to the individual members of the Faculty.

An article entitled "The Physician's Role in the Social Security Disability Program," by Maurice D. Dewberry, was published in the December, 1958, issue of the Maryland State Medical Journal.

Mr. Maurice D. Dewberry, Regional Representative of the Bureau of Old Age and Survivors Insurance, Social Security Administration, Department of Health, Education and Welfare, Region 3 in Charlottesville, Virginia, is scheduled to talk before the Medical and Chirurgical Faculty at its Annual Meeting on Thursday, April 16, 1959, at 9:30 a.m.

A third recommendation, that is a separate mailing of information to the individual members of the Faculty is planned for the immediate future.

The Committee has no resolutions at this time.

Respectfully submitted,
J. FRANK SUPPLEE, III, *Chairman*
WILLIAM G. HELFRICH
LLOYD E. SAYLOR

COMMITTEE FOR THE STUDY OF PELVIC CANCER

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

This Committee functioned during the first nine months of 1958. Then our secretary-social worker, Miss Beth McClelland, broke her leg. She is now in the Union Memorial Hospital. Our activities have, of necessity, ceased because of her illness. We expect to resume work as soon as she is able. We feel that approximately six months would be required to break in a new person on the job and we hope that Miss McClelland will be back before that time.

Respectfully submitted,
RICHARD W. TELINDE, *Co-chairman*
ARTHUR L. HASKINS, *Co-chairman*
BEVERLEY C. COMPTON, *Secretary*
HARRY M. BECK
FERNANDO G. BLOEDORN
C. BERNARD BRACK
STUART W. CHRISTILF
OSBORNE D. CHRISTENSEN
ROBERT J. DICKSON
WILLIAM K. DIEHL
GERALD A. GALVIN
W. ROYCE HODGES, JR.
HOWARD W. JONES, JR.
HUGH B. McNALLY

* The Old-Age and Survivors Insurance Disability Program, presented by Maurice D. Dewberry, at the One Hundred Sixty-first Annual Meeting, April 16, 1959. See Page 420 for complete text of Mr. Dewberry's address.

FRANK K. MORRIS
A. ADLER SONDEIMER
JOHN WHITRIDGE, JR.

COMMITTEE TO STUDY PROBLEMS OF MUTUAL INTEREST TO MEDICAL AND CHIRURGICAL FACULTY AND MARYLAND PHARMACEUTICAL ASSOCIATION

(Appointed annually by President)

(Appointed in 1955, as authorized by Council April 1955 at the request of the Professional Relations Committee of the Maryland Pharmaceutical Association.)

Mr. President and Members of the House of Delegates:

The only action of this Committee during the past year was concerned with the question of unwise and unethical practice wherein physicians were felt to send prescriptions to pharmacists without the knowledge and consent of the patient. This was considered by the Maryland Pharmaceutical Association Executive Committee. This group felt there was justification for this complaint and adopted the following resolution:

RESOLUTION

Adopted by the Maryland Pharmaceutical Association Executive Committee—January 15, 1959

WHEREAS, there is evidence that patients are directed by certain physicians to have their prescriptions filled at selected pharmacies or drug stores, and

WHEREAS, this practice is recognized as unethical by both the medical and pharmaceutical professions represented by their established societies, and

WHEREAS, it is legally recognized that the prescription is the property of the patient and accordingly has the right to free choice of selecting a pharmacy or drug store in which to have it filled,

BE IT RESOLVED, that both the Medical and Chirurgical Faculty of the State of Maryland and the Maryland Pharmaceutical Association take immediate necessary steps to inform their respective memberships such practices shall not be condoned, and ~~and~~

BE IT FURTHER RESOLVED, that corrective measures to eliminate existing practices of directed prescriptions be put into effect at once, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the Medical and Chirurgical Faculty of the State of Maryland.

The matter was considered further by the Committee to Study Problems of Mutual Interest to the Medical and Chirurgical Faculty and the Maryland Pharmaceutical Association of the Medical and Chirurgical Faculty, and it was agreed that such practice was unwise and unethical, and the feeling of the Committee was sent to the Council of the Medical and Chirurgical Faculty for their consideration and action.

Respectfully submitted,
EDWARD F. COTTER, *Chairman*
EDWIN B. JARRETT
MARTIN L. SINGEWALD
HENRY J. L. MARRIOTT

PLANNING COMMITTEE

(Authorized by the House of Delegates, May 1956, and appointed formally June 1956. In conformity with the By-Laws, as of September 1957, the Planning Committee shall consist of the President, Secretary, Treasurer, Chairman of Council, Vice-Chairman of Council, and one Representative elected annually by each Component Society.)

Mr. President and Members of the House of Delegates:

This Committee met on November 12, 1958 and a detailed report is in the minutes. These minutes are on file and contain the discussions and actions of the Committee.

The following are the subjects discussed which are now pending:

- a. Recommended to Council that there be reregistration of licensed physicians.
- b. Recommended that as a unit the Medical and Chirurgical Faculty not bill the Component Medical Societies, but if any Society wishes it may make arrangements for their bills to be mailed out and collected by the Faculty office for which said Component would pay a fee for such service.
- c. A Subcommittee on Medical Economics was established in conjunction with the Planning Committee and members appointed by the Council of the Medical and Chirurgical Faculty are also on this Committee.

MINUTES OF PLANNING COMMITTEE

The sixth meeting of the Planning Committee was called to order by the Chairman, Dr. Charles F. O'Donnell, at 4:00 p.m. on Wednesday, November 12, 1958, in the Friedewald Room.

The following members registered: Drs. R. D. Bauer, Prince George's County; Leo Brady, Baltimore (Chairman of Council); Frank E. Brumbach, Washington County; Paul Cohen, Worcester County; George E. Currier, Dorchester County; H. Vincent Davis, Cecil County; A. C. Dick, Kent County; Everett S. Diggs, Baltimore (Secretary of Faculty); J. Sheldon Eastland, Baltimore (President of Faculty); William C. Ebeling, Baltimore (Incoming Secretary of Faculty); Martin Gross, Carroll County; J. Ralph Horky, Harford County; Philip Insley, Wicomico County; F. M. Johnson, Charles County; Robert C. Kimberly, Baltimore City; Julian Lane, St. Mary's County; C. Rodney Layton, Queen Anne's County; Mr. John W. Loy, Executive Secretary, Montgomery County; Drs. H. F. Manuzak, Anne Arundel County; Charles F. O'Donnell, Baltimore County; Martin M. Rothstein, Allegany-Garrett County; Louis Schoolman, Frederick County; Hugh W. Ward, Calvert County; Louis S. Welty, Talbot County; and Robert H. Wright, Caroline County.

Also attending the meeting were Messrs. W. N. Kirkman and John Sargeant and Miss Wynde.

Prerogatives of Committee

Dr. O'Donnell read an excerpt from the minutes of the Executive Committee of June 15, 1956 as follows: "... this was a committee which was to consider the plans for the Faculty and they would discuss together the views representative of the members of the individual Component Societies.

This was not a Committee which would vote on whether any given plan should be adopted, but would present its findings and recommendations to the Component Societies for their approval at some future date."

Dr. O'Donnell explained that any action taken by the Planning Committee will be referred to the Component Societies, who will instruct the delegates, and nothing that this Planning Committee does is binding on the Faculty and/or any Component Society.

Suggested Billing Procedure by Faculty Office for Individual Members

Mr. Sargeant asked if the Faculty couldn't be of assistance to the Component Societies if the office were to collect the dues from the individual members and then transmit to the Treasurers of the Component Societies their portion of the dues. Mr. Sargeant explained the new card system for billing and recording of payment of dues, assessments, etc.

It was explained by Dr. Diggs (House of Delegates minutes, September 30, 1954, pages 5 and 6, and Executive Committee, September 11, 1958, pages 2 and 3) that this procedure had been discussed previously, and it had been decided by the Components that dues should be collected by each Component Medical Society and transmitted to the Faculty as had been the policy.

Motion.

Dr. Kimberly moved that the Planning Committee recommends to the House of Delegates that the billing for dues, assessments, etc., to individual members be done by the Faculty Office. Seconded by Dr. Brumbach.

In the discussion, it was explained that if such a procedure is adopted that it will be necessary to amend the Constitution and Bylaws. The advantages and disadvantages of the Faculty office collecting the dues were discussed, and one suggestion was that the Components be advised that the Faculty for a fee will do this work for any Component Society.

Action. Motion defeated.

By vote of showing of hands, eight members approved and ten members were opposed to the Faculty Office collecting the dues for the Component Societies and remitting to the Components their portion of the dues.

Annual Registration of Physicians

Dr. O'Donnell explained that the Component Society Secretaries at their meeting on September 11, 1958, referred the question of registration of physicians to the Planning Committee for further study and recommendation. (Secretaries Meetings Minutes, March 31, 1954, page 2, and September 11, 1958, page 3; and House of Delegates Minutes of April 26, 1954, page 6, April 28, 1954, page 2 and September 30, 1954, pages 6 and 7.)

Motion.

Dr. Johnson moved that this Committee adopt the plan of an annual registration of doctors throughout the State.

Amendment to Motion.

Dr. Manuzak said he would like to make a counter proposal that the registration be biannually and that the fee should be six dollars, and that the registration should be mandatory.

Dr. Lane seconded the motion.

Amendment.

Dr. Diggs suggested that the word "reregistration" be used instead of *registration*, and this change in the wording was acceptable to Doctors Johnson and Manuzak.

Dr. Diggs explained that the request that the Faculty consider reregistration of licenses originated with the Board of Medical Examiners, whose members are elected at a general meeting of the Medical and Chirurgical Faculty. The only information which is now available to the Board is whether or not a physician is *licensed* in Maryland, but if there were a reregistration there would then be a record of the physicians who are *practicing* in the State. After discussion, Dr. O'Donnell called for a vote on the following:

Biannual Reregistration—Defeated.

Annual Reregistration—Approved.

Action. Recommendation. Adopted.

Dr. O'Donnell stated the following recommendation which the Committee approved: The Planning Committee recommends to the Council and House of Delegates that the Board of Medical Examiners take the necessary steps to make provision for an annual reregistration of physicians in Maryland.

It was suggested that reregistration should be submitted to the entire membership for approval or disapproval. Dr. O'Donnell emphasized that this Committee has acted to refer this to the House of Delegates but that body may submit it to the membership.

Action. Motion defeated.

Dr. Ward moved that there be a State-wide Faculty membership poll for, or against, reregistration of physicians and that this should not be by action of the House of Delegates. Seconded by Dr. Schoolman. The motion was NOT adopted by the Planning Committee.

Appointment of Vice-Chairman of the Planning Committee

On motion of Dr. Cohen, which was seconded and carried, Dr. Thurston Harrison was elected unanimously to serve as Vice-Chairman of the Planning Committee.

Functions and responsibilities of the Planning Committee. An outline of its objectives and the manner in which to proceed to accomplish them.

Dr. O'Donnell stated that this Committee may not vote officially on any action which is taken, and asked for opinions from the Committee on the following:

1. Do we initiate questions from the Components?
2. Do we wait for the Council or the House of Delegates to refer matters to the Committee?
3. Should the Committee wait for the Component Societies to send questions to it?

In commenting Dr. Diggs brought to the attention of the Committee that it was started as a part of the reorganization of the Faculty and it has a very important part in developing the future of the Association. In the general discussion it was suggested that the Committee should initiate subjects, should act on matters referred to it by the Council, the House of Delegates, or other sources, and Component Society problems could be discussed before presentation to the House of Delegates.

Action.

The Planning Committee agreed that anyone may write to the Faculty for referral to the Planning Committee and when enough data is received a meeting of the Committee will be called. At that time action will be taken on matters referred to it, but no action taken by this Committee is binding on the Council, the House of Delegates, the Component Societies, or the Medical and Chirurgical Faculty.

Summary by Dr. O'Donnell.

Dr. O'Donnell summarized the action of the Planning Committee on the following:

1. Voted not to have the Faculty do the billing.
2. Voted for Annual Reregistration of Physicians in Maryland.
3. Dr. Thurston Harrison was elected as Vice-Chairman.
4. Will discuss any subject referred to it.

Interests of the medical profession in public matters; should such interest include taking the initiative in questioning present health and allied programs; should steps be taken to prevent further encroachment by other groups in the field of medicine; should there be exhibits at various group meetings in the State?

Doctors O'Donnell, Horky, Kimberly, Lane, Ward, Johnson, Brady, Eastland, Schoolman and Messrs. Loy and Sargeant discussed the overlapping of health programs, encroachment on the private practice of medicine, exhibits by other groups at Teachers Conferences, and other lay group meetings and whether the Faculty should have exhibits at such meetings, plans of the United Mine Workers, work more closely with the health departments, free choice of physician, legislative matters, should the Faculty have a public relations employee, set-up a speakers bureau of physicians, the profession should do some house cleaning, and if there is opposition to plans or policies, the public should be told the reasons for the opposition, and panel medicine. The motion by Dr. Horky, which was seconded, that the Committee recommend to the Council and the House of Delegates that a Committee be appointed to study this from all angles, was withdrawn.

Action. Motion adopted.

It was moved by Dr. Horky that the Chairman of the Planning Committee appoint a subcommittee from the Planning Committee with representatives from all parts of the State, and said Committee is to report something concrete regarding the subjects discussed to the next meeting of the Planning Committee. Seconded and carried.

Present Committee Structure of the Faculty and Suggestions for Revision

Mr. Sargeant outlined briefly the proposed plans for a reorganization of the Committee structure of the Faculty and asked for suggestions.

Dr. O'Donnell explained that Mr. Sargeant is presenting this as a matter of information and when it is in final form, it will again be referred to this Committee.

"M.D.'s should start planning now to set up one, nation-wide professional managed pension plan in case the Keogh tax bill passes," says Dr. Kenneth Callister of Salt Lake City, "Otherwise many smaller plans will spring up giving doctors a lower return on their tax savings."

Mr. Sargeant briefly discussed this subject and said the subcommittee might consider it. Dr. O'Donnell explained that as this is only a matter of information no action is required.

Next Meeting

Dr. O'Donnell asked if the members of the Committee wished to have another dinner meeting, or could the business be completed in two hours with the Committee meeting from 3 p.m. to 5 p.m. Dr. O'Donnell said then the next meeting will be on a Wednesday at 4 P.M., which will be about two months prior to the Annual Meeting of the House of Delegates.

Legislation

Mr. Kirkman called to the attention of the members of this Committee that all members of the Faculty should be on the alert regarding activities of the next Congress.

Adjournment

There being no further business, the meeting adjourned at 6:25 and the Committee was served Dutch Treat dinner in the Small Hall in the Faculty Building.

Respectfully submitted,

CHARLES F. O'DONNELL, *Chairman*

Alternate: WILLIAM A. PILLSBURY

J. SHELDON EASTLAND, *President*

WILLIAM CARL EBELING, *Secretary*

WETHERBEE FORT, *Treasurer*

LEO BRADY, *Chairman, Council*

CHARLES F. O'DONNELL, *Vice-Chairman, Council*

MARTIN M. ROTHSTEIN, *Allegheny-Garrett County*

Alternate: G. OVERTON HIMMELWRIGHT

MERTON T. WAITE, *Anne Arundel County*

Alternate: RICHARD N. PEELER

ROBERT C. KIMBERLY, *Baltimore City*

Alternate: HERBERT E. WILGIS

HUGH W. WARD, *Calvert County*

CHARLES H. WINNACOTT, *Caroline County*

Alternate: F. M. ANDERSON

MARTIN GROSS, *Carroll County*

H. VINCENT DAVIS, *Cecil County*

EDWARD J. EDELEN, *Charles County*

Alternate: VERNON B. DETTOR

GEORGE E. CURRIER, *Dorchester County*

Alternates: Albert E. Bunker, Frederick O. Miller

JAMES B. THOMAS, *Frederick County*

Alternate: LOUIS R. SCHOOLMAN

J. RALPH HORKY, *Harford County*

PETER V. THORPE, *Howard County*

A. C. DICK, *Kent County*

HENRY P. LAUGHLIN, *Montgomery County*

Alternate: CHARLES H. LIGON

RICHARD D. BAUER, *Prince George's County*

C. RODNEY LAYTON, *Queen Anne's County*

JULIAN S. LANE, *St. Mary's County*

A. N. BARR, *Somerset County*

THURSTON HARRISON, *Talbot County*

W. T. LAYMAN, *Washington County*

PHILIP A. INSLEY, *Wicomico County*

Alternate: JOHN M. BLOXOM, III

NATHANIEL R. THOMAS, *Worcester County*

Alternate: CLIFFORD E. SCHOTT

(Component Society did not report an alternate when none is shown.)

PROFESSIONAL CONDUCT COMMITTEE

(Five living immediate Past Presidents and Chairman of the Council, with the Senior Past President as Chairman, and each Past President to serve for five years on Committee.)

Mr. President and Members of the House of Delegates:

This report covers the period from January 1st, 1958 to April 17th, 1959, inclusive. There have been two meetings of the Professional Conduct Committee during this period.

Forty-six (46) complaints were received by the Committee and of these forty (40) were referred to the appropriate Component Medical Society for consideration. The remaining six complaints were reviewed by the Committee on the State level and closed.

There are no pending cases to be reviewed by the Professional Conduct Committee at this time.

Respectfully submitted,

MAURICE C. PINCOFFS (President in 1953), *Chairman*

BENDER B. KNEISLEY (President in 1954)

GEORGE H. YEAGER (President in 1955)

WILLIAM H. F. WARTHEN (President in 1956)

C. REID EDWARDS (President in 1957)

LEO BRADY (Chairman of Council in 1958)

COMMITTEE ON PUBLIC INSTRUCTION

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

This Committee has continued to be active in furnishing information relative to medical problems of general public interest by means of the press, radio, and television. The liaison committee formed to correlate the various audio-visual programs between the University of Maryland, the Johns Hopkins University, the Medical and Chirurgical Faculty and the Baltimore City Health Department has been active. Your Chairman has been called in consultation on matters of publicity on several occasions relative to audio-visual programs. Through Dr. Williams' cooperation, the visiting nurses program has continued to be active in disseminating public health information throughout the State.

The Speakers Bureau of the Baltimore City Medical Society has been actively furnishing speakers to various lay organizations in this part of the State.

Respectfully submitted,

HARRY M. ROBINSON, JR., *Chairman*

JAMES FEASTER

H. HANFORD HOPKINS

LAURISTON L. KEOWN

WILLIAM T. LAYMAN

E. T. LISANSKY

RICHARD B. NORMENT, III

HAROLD B. PLUMMER

E. RODERICK SHIPLEY
R. CARMICHAEL TILGHMAN
THOMAS E. WHEELER
HUNTINGTON WILLIAMS
RICHARD J. WILLIAMS

ARCHIE R. COHEN
J. RALPH HORKY
CHARLES F. O'DONNELL

REPRESENTATIVES ON THE MEDICAL ADVISORY COMMITTEE OF THE RED CROSS BLOOD BANK PROGRAM

(Appointed by the President)

Mr. President and Members of the House of Delegates:

The Baltimore Red Cross Blood Bank Program started active collection in December, 1958. Over fifty large corporations or groups have signed up to provide Donor Pools and the Blood Mobile Collections have proceeded without difficulty.

During the first month 1271 bloods were collected and 944 distributed. The program is apparently under way and functioning well.

Respectfully submitted,

C. LOCKARD CONLEY

R. ADAMS COWLEY

WILLIAM G. ESMOND

GERALD A. GALVIN

President of the Medical and Chirurgical Faculty, ex officio member

COMMITTEE TO MEET WITH THE STATE DEPARTMENT OF EDUCATION REGARDING THE PUPIL MEDICAL RECORD FORM

(Dr. J. Sheldon Eastland, the President, was authorized to appoint this Committee by action of Council, March 27, 1958.)

Mr. President and Members of the House of Delegates:

The following report concerns revision of the form "Pupils Medical Record from Physicians." The initial meeting of the Committee appointed by Dr. Eastland, discussed the medical form in use and suggested a revision of it.

On July 23, the Committee met with the following: Mr. Wendall Allen, Mr. William Sartorius, Miss Sara Leiter, Mr. Herbert Steiner, Representing the State Department of Education, and Dr. John Whitridge, State Department of Health. The revised form and reasons for such changes were presented. Miss Leiter requested that a meeting be held September 3 for further discussion. This meeting was not held.

On February 5, 1959 I met with Dr. Pullen, Miss Leiter and Dr. Whitridge for further discussion, which resulted in a stalemate.

Dr. Pullen has appointed a new Committee with additional members from the various departments, to meet on April 1, 1959. As this disregards our Committee, I cannot serve on his Committee as he requested. *I recommend any further discussion concerning the medical form take place with the members of the Committee appointed by Dr. Eastland being present.*

Respectfully submitted,
FRED B. SMITH, *Chairman*
MELVIN B. DAVIS
E. W. DITTO, JR.

COMMITTEE TO CONSIDER RELATIONSHIP BETWEEN HOSPITALS AND SPECIALTIES AND THE MANNER OF PAYMENT OF PROFESSIONAL SERVICES

(Appointed in 1951, as authorized by Council February 1951. The last three appointed by Maryland-District of Columbia-Delaware Hospital Association.)

Mr. President and Members of the House of Delegates:

As Chairman of this Committee, I wish to report that this Committee was inactive during the year 1958.

Respectfully submitted,
WEBSTER H. BROWN, *Chairman*
E. HOLLISTER DAVIS
HENRY L. WOLLENWEBER
A. DOUGAL YOUNG
MR. CARROLL D. HILL
MR. PARKER J. McMILLIN
MR. HARVEY H. WEISS

COMMITTEE ON RURAL HEALTH

(Upon authorization of House of Delegates, May 1957, Committee to be comprised of seven members, one new member being added each year who is appointed by the President; the Chairman being dropped and thus each member will in this manner work up to Chairmanship in final year of service.)

Mr. President and Members of the House of Delegates:

This Committee has been working through its representatives in each County. Each County setting up its own form of activity. Individual reports have not been received.

I have been on a panel discussion in Washington for Miss Oliver, of University of Maryland extension work, representing Rural Health.

We had a delightful time in Baltimore March 12, 1959, where we had discussed "The Problems of the Aging." This had about eighteen speakers from various fields of the aging problems and an audience of about one hundred. This was in conjunction with the Geriatrics Committee which was most helpful.

Respectfully submitted,
HUGH W. WARD, *Chairman* (1959)
WALTER H. SHEALY (1960)
GORDON M. SMITH (1961)
C. RODNEY LAYTON (1962)
S. RALPH ANDREWS (1963)
JAMES G. SASSCER (1964)
ARCHIE R. COHEN (1965)

COMMITTEE TO SEND OUT SOCIAL SECURITY QUESTIONNAIRE

Mr. President and Members of the House of Delegates:

The Committee appointed to draw up a questionnaire to be circulated to the entire membership, concerning physicians' participation in Social Security, met on three occasions and drew up a form consisting of three questions together with a page of explanatory notes. This was submitted to the Execu-

tive Committee and Council for their approval and for their circulation to the membership.

For the information of the members, the following is the result of the poll:

	Yes	No	No Reply
Question #1			
Are you in favor of compulsory coverage under the provisions of the Social Security Law?	417	911	221
Question #2			
Are you in favor of voluntary coverage for yourself under the provisions of the Social Security Law if this can be accomplished?	797	603	
Question #3			
If the answer to 1 or 2 is "yes," would you still vote "yes" if this coverage were tied to other changes or extension of benefits under the Social Security Law such as Government paid medical care?	193	687	
Total replies received—1,556			

Respectfully submitted,
KARL F. MECH, *Chairman*
CHARLES R. GOLDSBOROUGH
JACOB CHARLES HANDELSMAN

REPRESENTATIVES ON STATE ADVISORY COMMITTEE ON STAPHYLOCOCCAL DISEASE IN MARYLAND

(Appointed by Dr. Eastland November 21, 1958 at the request of Dr. Perry F. Prather, Director of the State Department of Health as an outcome of the National Conference on Hospital-Acquired Staphylococcal Disease held September 1958.)

Mr. President and Members of the House of Delegates:

There has been no meeting of this Committee.

Respectfully submitted,
DANIEL J. PESSAGNO
JOHN M. HAWS

ADVISORY COMMITTEE TO STATE ACCIDENT FUND

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

This Committee has not been called on to function during the past year so there is no positive report indicated.

Respectfully submitted,
GEORGE O. EATON, *Chairman*
JAMES G. ARNOLD, JR.
CHARLES N. DAVIDSON
JAMES FRENKIL
JASON H. GASKEL
HOWARD B. McELWAIN
DANIEL J. PESSAGNO
WILLIAM A. PILLSBURY
CHARLES C. ZIMMERMAN

ADVISORY COMMITTEE TO CONSULT WITH THE STATE DEPARTMENT OF HEALTH

(The Committee to consist of the President, the President-elect, two Past Presidents, the Secretary and four general practitioners, appointed by the President, of which one represents the Maryland Academy of General Practice.)

Mr. President and Members of the House of Delegates:

A meeting of this Committee was held on Friday, March 6, 1959, in the Small Hall, Faculty Building, at 4:00 P.M.

Present were: Drs. C. Reid Edwards, J. Ralph Horky, Merrill Cross and J. Roy Guyther. Also present were Dr. Prather and Mr. Gaines, of the State Department of Health, and Mr. Sargeant.

Discussion took place regarding the provision of health facilities in the new state office buildings, located in area 12.

1. About 3000 employees will be located in the new buildings in area 12. The scope of the old program as administered by the Commissioner of Personnel for State Employees, should be expanded from its area of pre-employment physicals to include provision of first aid facilities and rest facilities, all to be supervised by a registered nurse with a physician available on call.

2. The Committee in agreement with the Director of the State Department of Health, Dr. Prather, that the Health Department personnel should not be responsible for the provision of these services.

Respectfully submitted,
CHARLES REID EDWARDS (President, 1957), *Chairman*
BENDER B. KNEISLEY (President, 1954)
J. SHELDON EASTLAND (President, 1958–April 1959)
LESLIE E. DAUGHERTY (President-elect)
WILLIAM CARL EBELING (Secretary)

Four General Practitioners:

MERRILL M. CROSS, (Maryland Academy of General Practice)
MELVIN B. DAVIS
J. ROY GUYTHER
J. RALPH HORKY

TUBERCULOSIS COMMITTEE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

Meeting held 24 February 1959 with Drs. Cowley, Jacobson, John Miller, Newcomer, Spicer, and Beacham, Chairman.

1. Minutes of 1958 meeting were reviewed with amended recommendations accepted by 1958 House of Delegates.
2. The Committee felt that strong recommendations should be made to encourage taking of chest x-rays on all adult admissions to General Hospitals and Nursing Homes. In spite of yearly recommendations this has not been carried out satisfactorily.
3. The Committee felt that Baltimore City Health Department should be more energetic in isolation of "open" cases of tuberculosis. The Chairman was asked to discuss this with Dr. Huntington Williams, Commissioner of Health of Baltimore City.

On 25 February 1959 the Chairman and Dr. Williams discussed a long standing question. Dr. Williams felt the time

was now ripe to seek a case or cases for forcible hospitalization of an open case of tuberculosis. He asked the Chairman to work with him and Dr. Robert Farber to choose appropriate cases for a court test. He felt that normal hospital facilities would be adequate for isolation purposes.

RECOMMENDATIONS

Chest X-rays should be taken on all adult admissions to general hospitals and to nursing homes when they have not been taken in the previous three months.

To further this the secretary of each component society should send a copy of the recommendation to the director and medical chief of staff of each general hospital and nursing home in its area.

Respectfully submitted,
EDMUND G. BEACHAM, *Chairman*
OTTO C. BRANTIGAN
R ADAMS COWLEY
LEON H. HETHERINGTON
MEYER WILLIAM JACOBSON
JOHN E. MILLER
WILLIAM NEWCOMER
MOSES S. SHILING
CHARLOTTE SILVERMAN
WILLIAM S. SPICER, JR.
HUGH G. WHITEHEAD, JR.
SAMUEL WOLMAN

COMMITTEE ON VETERANS' MEDICAL CARE

(Appointed annually by President)

Mr. President and Members of the House of Delegates:

During the course of the year the Council of the Faculty asked your Committee to recommend a fee schedule for Home Town Care of Veterans. Your Committee studied the Veterans Administration fee schedule carefully and found that it was not very much out of line with that of Blue Shield and Medicare. Also, it was obvious that at the present time there would be very little use for the fee schedule among Maryland physicians, in view of the number of VA hospitals and clinics in Maryland. Home Town Care is given only when such facilities are not available. To get any changes in the VA fee schedule would have required Washington action, in which case would have had to be shown for any increase in the fee schedule. This, your Committee did not think warranted.

The VA had also asked us to establish a Review Board for the purpose of "advising and assisting the VA on matters within the scope of the program."

Your committee made the following recommendations to the Council, which were adopted by that body:

1. That the fee schedule submitted by VA be approved.
2. That no new Review Board be appointed, but that if any matters come up dealing with VA matters, that the present Review Board for Medicare be asked to handle the small number of cases that may possibly arise.

At the Annual Meetings of the Faculty in 1957 and again in 1958, the House of Delegates adopted seven recommendations of this Committee with regard to Veterans Medical Care. In 1959 the Secretary of the Faculty sent a copy of these recommendations to the American Medical Association

and in 1958 he sent a copy to the secretaries of all the State medical societies. Your Chairman also brought the recommendations to the attention of the A.M.A. Committee on Federal Medical Services. So far as I am aware, there has been very little response to this effort of the Faculty to arouse some interest in limiting free care to veterans with non-service-connected disabilities.

At the December 1958 meeting of the A.M.A. in Minneapolis your Chairman attended a meeting of the A.M.A. Committee on Federal Medical Services. He got the distinct impression, which he had for several years, that the A.M.A. Committee was doing a lot of talking but not much in the way of action. Your Chairman spoke before the Committee, which was largely attended, and said just that. He further stated that we in Maryland were in earnest about trying to do something about this matter and were frankly disappointed in the lethargy of the A.M.A. Committee. Judging by the applause following your Chairman's remarks, he judged that nearly all of those present felt as he did about the inaction of the A.M.A. Committee.

This is rather discouraging because it is felt that unless we can get concerted action by all the State societies together with the A.M.A., we will get nowhere with this problem. If we could get concerted action, we could force a hearing before the House Veterans Affairs Committee and at such a hearing we could show the public that they are squandering almost a billion dollars a year on medical care of veterans, most of whom have non-service-connected disabilities. If proper action were taken, the major portion of this money could be saved.

In view of the foregoing, your Committee recommends that the House of Delegates take the following action:

1. That the Secretary write again to each State medical society and inquire what action was taken on the recommendations with regard to Veterans medical care approved by our House of Delegates last year and forwarded to them. That he further state that we are very anxious to get concerted action by all State medical societies so that we will have some chance of getting a congressional hearing before the House Veterans Affairs Committee.
2. That the Secretary be instructed to write a similar letter to the Executive Vice President of the A.M.A. requesting that the A.M.A. take similar action for the same reason.

Respectfully submitted,
AMOS R. KOONTZ, M.D., *Chairman*
ERNEST I. CORNBROOKS, JR., M.D.
PHILIP D. FLYNN, M.D.
ARTHUR KARFGIN, M.D.
CLARENCE E. MCWILLIAMS, M.D.
S. EDWIN MULLER, M.D.
JAMES G. STEGMAIER, M.D.
WILLIAM B. VANDEGRIFT, M.D.
GEORGE H. YEAGER, M.D.

MEDICAL ADVISORY COMMITTEE ON VOCATIONAL REHABILITATION

(Upon request of Department of Education, representatives were recommended by Executive Committee in February 1957, and duly approved by State Department of Education.)

Mr. President and Members of the House of Delegates:

This Committee was appointed on February 16, 1959 and has had no meetings. However, members of this Committee are in close touch with the officials of the Vocational Rehabilitation Service of the State of Maryland and should any problems arise in the medical field, the Committee will be available for consultation.

Respectfully submitted,
FLORENCE I. MAHONEY, *Chairman*
DOUGLAS G. CARROLL, JR.
MAURICE C. PINCOFFS
ALBERT I. MENDELOFF
CHARLES REIFSCHNEIDER
FRANCIS J. BORGES
LEROY W. SAUNDERS
HOWARD B. McELWAIN

REPORT OF THE ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

(Executive Committee of the Council is the Advisory Committee to the Woman's Auxiliary)

(Upon recommendation of Council, in May 1956 the House of Delegates authorized that the Executive Committee of Council be the Advisory Committee to the Woman's Auxiliary.)

Mr. President and Members of the House of Delegates:

As Chairman of this Committee, we have to report that during the past year our Committee has received no requests for advice from the Auxiliary.

I might simply report the above but I cannot refrain from expressing the appreciation of the Medical and Chirurgical Faculty for the splendid work which has been accomplished by the Woman's Auxiliary under the guidance of its President, Mrs. E. Roderick Shipley. To merely enumerate all that the Auxiliary has accomplished during the past year would take more space than is allowed but a detailed report will be published in the Transactions.

When I write that we are grateful I know I am not only expressing the feeling of all the doctors of Maryland, but also for thousands of lay people in the State who have been benefited by the efforts of the Woman's Auxiliary to the Medical and Chirurgical Faculty.

Respectfully submitted,
LEO BRADY, *Chairman*
CHARLES F. O'DONNELL, *Vice-Chairman*
J. SHELDON EASTLAND, *President*
WILLIAM CARL EBELING, *Secretary*
WETHERBEE FORT, *Treasurer*

OFFICERS, COUNCIL, SPECIAL COMMITTEES, ETC. 1959

(Reprinted from Annual Meeting Hand Book, 1959)

MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND

OFFICERS

President—Leslie E. Daugherty, Cumberland
Vice-Presidents—Robert W. Farr, Chestertown; Page C. Jett,
Prince Frederick; Samuel Morrison, Baltimore
Secretary—William Carl Ebeling, Baltimore
Treasurer—Wetherbee Fort, Baltimore

COUNCILORS

	Term Expires at Con- clusion of Annual Meeting
Leo Brady, <i>Chairman</i> , Baltimore (Central District).....	1961
Charles F. O'Donnell, <i>Vice-Chairman</i> , Towson (Central District).....	1961
A. Talbott Brice, Jefferson (Western District).....	1960
M. McKendree Boyer, Damascus (South Central District).....	1960
Philip Briscoe, Annapolis (Southern District).....	1960
Everett S. Diggs, Baltimore (Central District).....	1960
E. W. Ditto, Jr., Hagerstown (Western District).....	1960
Arthur O. Woody, La Plata (Southern District).....	1960
Russell S. Fisher, Baltimore (Central District).....	1961
R. Walter Graham, Jr., Baltimore (Central District)...	1961
Howard F. Kinnamon, Easton (Eastern District).....	1961
Waldo B. Moyers, Hyattsville (South Central District)...	1961
R. Carmichael Tilghman, Baltimore (Central District)...	1961
Howard M. Bubert, Baltimore (Central District).....	1962

Albert E. Goldstein, Baltimore (Central District).....	1962
Amos R. Koontz, Baltimore (Central District).....	1962
John Mace, Jr., Cambridge (Eastern District).....	1962
Leslie E. Daugherty, <i>President</i> , Cumberland.....	1960
J. Sheldon Eastland, <i>Past President</i> , Baltimore.....	1960
Wetherbee Fort, <i>Treasurer</i> , Baltimore.....	1960
William Carl Ebeling, <i>Secretary</i> , Baltimore.....	1960
Whitmer B. Firor, <i>President-elect</i> , Baltimore.....	1960
William A. Pillsbury, Jr., <i>Chairman, Committee on Constitution and Bylaws</i> , Timonium.....	1960
Louis Krause, <i>Chairman of Library Committee</i> , Baltimore.....	1961

A.M.A. Delegates

*Robert vL. Campbell, Hagerstown (Jan. 1, 1958–Dec. 31, 1959)
George H. Yeager, Baltimore (Jan. 1, 1959–Dec. 31, 1960)
J. Sheldon Eastland, Baltimore (April 18, 1959–Dec. 31, 1961)

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION

	** Term Expires
* <i>Delegate</i> —Robert vL. Campbell, Hagerstown.....	1959
* <i>Alternate</i> —William B. Long, Salisbury.....	1959
<i>Delegate</i> —George H. Yeager, Baltimore.....	1960
<i>Alternate</i> —H. Hanford Hopkins, Baltimore.....	1960
<i>Delegate</i> —J. Sheldon Eastland, Baltimore.....	1961
<i>Alternate</i> —William B. Hagan, Mt. Rainier.....	1961

* Relected April 1959 to serve from Jan. 1, 1960–Dec. 31, 1962.
** The tenure of office for American Medical Association delegates is for January through December, and for all other elected offices from Annual Meeting through Annual Meeting.

MEMBERS OF THE BOARD OF MEDICAL EXAMINERS

	*** Term Expires
Lewis P. Gundry, <i>President</i> , Baltimore	1962
Samuel McLanahan, <i>Vice-President</i> , Baltimore	1960
Frank K. Morris, <i>Secretary-Treasurer</i> , Baltimore	1963
Walter C. Merkel, Baltimore	1960
Vernon H. Norwood, Baltimore	1961
Norman E. Sartorius, Jr., Pocomoke City	1961
Wylie M. Faw, Cumberland	1962
John H. Hornbaker, Hagerstown	1963

*** Under the State Law, terms of office of all members of Board shall begin the first Tuesday in June of the year in which they are elected.

COMMITTEES

See August 1959 Journal, pages 401-408, for complete list of committees. Following are the committees which were not included in that listing.

The House Committee

(Executive Committee plus the Chairman of the Library Committee as provided in the Constitution and By-laws.)

Leo Brady, *Chairman of Council*, Baltimore
 Charles F. O'Donnell, *Vice-Chairman of Council*, Towson
 Leslie E. Daugherty, *President*, Cumberland
 William Carl Ebeling, *Secretary*, Baltimore
 Wetherbee Fort, *Treasurer*, Baltimore
 Louis Krause, *Chairman of Library Committee*, Baltimore

Student American Medical Association Representative

(Appointed by the President for a two year term of office.)

Lewis P. Gundry, Baltimore

OFFICERS, DELEGATES, MEETING TIME, ETC., OF COMPONENT MEDICAL SOCIETIES, 1959

(Reprinted from Annual Meeting Program, 1959)

ALLEGANY-GARRETT COUNTY. *President*—Leland B. Ranson, Cumberland; *Vice-President*—Leslie E. Daugherty, Cumberland; *Secretary*—Carlton Brinsfield, Cumberland; *Treasurer*—Thomas F. Lewis, Cumberland; *Delegate*—Hilda Jane Walters, Frostburg; *Alternate Delegate*—James Feaster, Oakland; *Planning Committee, Representative*—Martin M. Rothstein, Frostburg; *Planning Committee, Alternate Representative*—George O. Himmelwright, Cumberland; *Journal Representative*—Leslie E. Daugherty, Cumberland; *Meetings*—On call of President.

ANNE ARUNDEL COUNTY. *President*—J. Howard Beard, Annapolis; *Vice-President*—John B. Reddy, Annapolis; *Secretary*—Randall M. McLaughlin, Pasadena; *Treasurer*—Irving Ochs, Annapolis; *Delegates*—John G. Lyons, Jr., Annapolis, Manning W. Alden, Annapolis; *Alternate Delegates*—Merton T. Waite, Annapolis, Jesse L. Wilkins, Annapolis; *Planning Committee, Representative*—Merton T. Waite, Annapolis, *Planning Committee, Alternate Representative*—Richard N. Peeler, *Journal Representative*—Samuel Borssuck, Annapolis; *Meetings*—January, March, May, September and November.

BALTIMORE CITY. *President*—Samuel Whitehouse; *President-Elect*—Everett S. Diggs; *Vice President*—Herbert E. Wilgis; *Secretary*—John N. Classen; *Treasurer*—Robert C. Kimberly; *Representatives to the Executive Board 1958-1959*: George G. Finney (1958-1959), Russell S. Fisher (1958-1959), Otto C. Phillips (1958-1959); *Representatives to the Executive Board 1959-1960*: Conrad Acton (1959-1960), Charles R. Goldsborough (1959-1960), John Eager Howard (1959-1960), Whitmer B. Firor, Ex Officio (1959).

1958-1959

Delegates

Walter A. Anderson
 Francis J. Borges
 Jacob C. Handelsman
 Robert F. Healy
 Walter L. Kilby
 C. Edward Leach
 William D. Lynn
 Donald W. Mintzer
 Moses Paulson
 William F. Pearce
 Douglas H. Stone
 J. Frank Supplee, III
 Henry C. Welcome
 A. Dougal Young

Alternate Delegates

I. Earl Pass
 Philip D. Flynn
 Clinton R. Harrison
 Arthur G. Siwinski
 Oscar B. Camp
 Charles N. Davidson
 Nicholas J. Kohlerman
 Robert G. Chambers
 E. Ellsworth Cook, Jr.
 Thomas E. Van Metre, Jr.
 J. Elliot Levi
 James J. Gerlach
 Ruth W. Baldwin
 Milton B. Kress

1959

James N. McCosh
 John M. Scott

F. Ford Loker
 Rennett M. Smelser

1959-1960

Delegates

C. Holmes Boyd
 Ernest I. Cornbrooks, Jr.
 John M. Dennis
 William E. Grose
 John S. Haines
 Howard B. Mays
 Samuel Morrison
 J. Emmett Queen

Alternate Delegates

A. Murray Fisher
 Joseph B. Workman
 Lester A. Wall, Jr.
 Roy O. Scholz
 John F. Hogan, Jr.
 Theodore Kardash
 William F. Cox, III
 Robert B. McFadden

Raymond C. V. Robinson Charles Bagley, III
 E. Roderick Shipley John J. Tansey
 John M. Spence, Jr. Lawrence M. Serra
 William C. Stifler, Jr. John L. Peck
 Edward Stinson, Jr. William E. Gilmore
 Alan C. Woods, Jr. David R. Will
 Robert B. Wright James E. T. Hopkins
Planning Committee, Representative—Robert C. Kimberly;
Planning Committee, Alternate Representative—Herbert E. Wilgis; *Journal Representative*, Conrad Acton; *Meetings*—First Friday, October, November, December, January, February, March and April.

BALTIMORE COUNTY. *President*—Clarence E. McWilliams, Reisterstown; *Vice-President*—J. Morris Reese, Lutherville; *Secretary-Treasurer*—John E. Gessner, Essex; *Delegates*—Melvin B. Davis, Dundalk, William A. Pillsbury, Timonium, Martin E. Strobel, Reisterstown; *Alternate Delegates*—Louis Z. Dalmau, Pikesville, Frank T. Kasik, Baltimore County, George S. M. Kieffer, Baltimore County, J. Morris Reese, Baltimore County, John E. Gessner, Baltimore County; *Planning Committee, Representative*—Charles F. O'Donnell, Towson; *Planning Committee, Alternate Representative*—William A. Pillsbury, Timonium; *Journal Representative*—Samuel P. Scalia, Pikesville; *Meetings*—Third Wednesday of each month.

CALVERT COUNTY. *President*—Hugh W. Ward, Owings; *Vice-President*—Roberto deVillarreal, Prince Frederick; *Secretary-Treasurer*—Hugh W. Ward, Owings; **Delegate*—; *Alternate Delegate*—Page C. Jett, Prince Frederick; *Planning Committee, Representative*—Hugh W. Ward, Owings; *Planning Committee, Alternate Representative*—; *Journal Representative*—Page C. Jett, Prince Frederick; *Meetings*—On Call of President; *Annual Meeting*—December 1st; *Annual Election*—December 1st; *Assume Office*—January 1st; *Officers Serve*—January 1st, 1959 to January 1st, 1960.

CAROLINE COUNTY. *President*—Dawson O. George, Denton; *Vice-President*—Robert Wright, Greensboro; *Secretary-Treasurer*—Henry Rogers Trapnell, Federalsburg; *Delegate*—Harold B. Plummer, Preston; *Alternate Delegate*—E. Paul Knotts, Denton; *Planning Committee, Representative*—Charles H. Winnacott, Ridgely; *Planning Committee, Alternate Representative*—F. M. Anderson, Federalsburg; *Journal Representative*—Henry Rogers Trapnell, Federalsburg; *Meetings*—On Call and with Upper Eastern Shore Medical Society.

CARROLL COUNTY. *President*—Charles L. Billingslea, Westminster; *Vice-President*—Wilbur H. Foard, Manchester; *Secretary-Treasurer*—Daniel I. Welliver, Westminster; *Delegate*—R. S. McVaugh, Taneytown; **Alternate Delegate*—; *Planning Committee, Representative*—Martin Gross, Sykesville; **Planning Committee, Alternate Representative*—; *Journal Representative*—Merritt Robertson, New Windsor; *Meetings*—First Wednesday of January, March, May, September, November.

* Information not received from Component Medical Society.

CECIL COUNTY. *President*—John A. Fischer, Elkton; *Vice-President*—G. Hampton Richards, Port Deposit; *Secretary-Treasurer*—Wallace Obenshain, Cecilton; *Delegate*—Vincent Davis, Chesapeake City; *Alternate Delegate*—Richard C. Dodson, Rising Sun; *Planning Committee, Representative*—H. Vincent Davis, Chesapeake City; **Planning Committee, Alternate Representative*—; *Journal Representative*—Klaus H. Huebner, North East; *Meetings*—Monthly—every 2nd Tuesday, except during July and August.

CHARLES COUNTY. *President*—Frederick M. Johnson, LaPlata; *Vice-President*—James E. Andrews, Indian Head; *Secretary-Treasurer*—J. Parran Jarboe, LaPlata; *Delegate*—Arthur O. Woody, LaPlata; *Alternate Delegate*—Edward J. Edelen, LaPlata; *Planning Committee, Representative*—Edward J. Edelen, LaPlata; *Planning Committee, Alternate Representative*—Vernon B. Dettor, LaPlata; *Journal Representative*—Vernon B. Dettor, LaPlata; *Meetings*—2nd Thursday each month at Jarwood Clinic, LaPlata.

DORCHESTER COUNTY. *President*—Eugene Traub, Cambridge; *Vice-President*—G. Brooks West, Jr., Cambridge; *Secretary-Treasurer*—George E. Currier, Cambridge; *Delegate*—Eldridge H. Wolff, Cambridge; *Alternate Delegate*—Wilbur N. Baumann, Cambridge; *Planning Committee, Representative*—George E. Currier, Cambridge; *Planning Committee, Alternate Representatives*—Albert E. Bunker, Cambridge, Frederick A. Miller, Cambridge; *Journal Representative*—Alfred R. Maryanov, Cambridge; *Meetings*—3rd Wednesday of each month from September to May.

FREDERICK COUNTY. *President*—Henry V. Chase, Frederick; *Vice-President* (1st)—Thomas E. Stone, Braddock Heights; *Vice-President* (2nd)—John M. Culler, Frederick; *Secretary*—Thomas R. Reid, Frederick; *Treasurer*—Robert S. Turner, Frederick; *Delegate*—Louis R. Schoolman, Frederick; *Alternate Delegate*—Ernest A. Dettbarn, Walkersville; *Censor*—Russell L. Guest, Frederick; *Planning Committee, Representative*—James B. Thomas, Frederick; *Planning Committee, Alternate Representative*—Louis R. Schoolman, Frederick; *Journal Representative*—Louis R. Schoolman, Frederick; *Meetings*—Election of Officers on November 18, 1958 at the Frederick Hotel.

HARFORD COUNTY. *President*—Philip W. Heuman, Bel Air; *Vice-President*—Edward C. Loo, Havre de Grace; *Secretary-Treasurer*—I. Randall Ross, Havre de Grace; *Delegate*—Malcolm Dudley Phillips, Darlington; *Alternate Delegate*—Robert A. Barthel, Jr., Forest Hill; *Planning Committee, Representative*—J. Ralph Horky, Churchville; **Planning Committee, Alternate Representative*—; *Journal Representative*—J. Ralph Horky, Churchville; *Meetings*—3rd Wednesday or Thursday of each month.

HOWARD COUNTY. *President*—Donald E. Fisher, Ellicott City; *Vice-President*—Peter V. Thorpe, Ellicott City; *Secretary-Treasurer*—Theodore R. Shrop, Ellicott City; *Delegate*—George E. Burgtorf, Jr., Ellicott City; *Alternate Delegate*—Theodore R. Shrop, Ellicott City; *Planning Committee*,

Representative—Peter V. Thorpe, Ellicott City; **Planning Committee, Alternate Representative*—; *Journal Representative*—Theodore R. Shrop, Ellicott City; *Meetings*—Last Friday in January, March, May, September, November.

KENT COUNTY. *President*—A. C. Dick, Chestertown; **Vice-President*—; *Secretary-Treasurer*—Arthur T. Keefe, Jr., Chestertown; *Delegate*—Robert W. Farr, Chestertown; *Alternate Delegate*—William Gatewood, Rock Hall; *Planning Committee, Representative*—A. C. Dick, Chestertown; **Planning Committee, Alternate Representative*—; *Journal Representative*—Arthur T. Keefe, Jr., Chestertown; *Meetings*—On Call (Special Call).

MONTGOMERY COUNTY. *President*—Henry P. Laughlin, Chevy Chase; *Vice-President*—Charles H. Ligon, Sandy Spring; *Secretary*—Henry W. Jaeger, Silver Spring; *Treasurer*—Maynard I. Cohen, Silver Spring; *Delegates*—William S. Murphy, Rockville, John G. Ball, Bethesda, Robert A. Hare, Takoma Park, Merrill M. Cross, Silver Spring, Austin B. Rohrbaugh, Jr., Chevy Chase; *Alternate Delegates*—Robert A. Bier, Silver Spring, William T. Joyce, Bethesda, Charles I. Warfield, Silver Spring, DeWitt E. DeLawter, Bethesda; *Planning Committee, Representative*—Henry P. Laughlin, Chevy Chase; *Planning Committee, Alternate Representative*—Charles H. Ligon, Silver Spring; *Journal Representative*—John J. Curry, Silver Spring; *Meetings*—3rd Tuesday each month except June-July-August.

PRINCE GEORGE'S COUNTY. *President*—David S. Clayman, Riverdale; *Vice-President*—John S. Haught, Mt. Rainier; *Secretary*—Richard D. Bauer, Adelphi; *Treasurer*—Albert Roth, Riverdale; *Delegates*—Wolcott L. Etienne, College Park, William B. Hagan, Mt. Rainier; *Alternate Delegates*—S. Jack Sugar, Hyattsville, John W. Perkins, Hyattsville; *Planning Committee, Representative*—Richard D. Bauer, Adelphi; **Planning Committee, Alternate Representative*—; *Journal Representative*—John S. Haught, Mt. Rainier; *Meetings*—First Tuesday of the month.

QUEEN ANNE'S COUNTY. *President*—Irvin G. Hoyt, Queens-town; **Vice-President*—; *Secretary-Treasurer*—Caroline H. Callison, Centreville; *Delegate*—C. Rodney Layton, Centreville; *Alternate Delegate*—Theodore Sattelmair, Stevensville; *Planning Committee, Representative*—C. Rodney Layton, Centreville; **Planning Committee, Alternate Representative*—; *Journal Representative*—H. F. McPherson, Centreville; *Meetings*—Quarterly.

ST. MARY'S COUNTY. *President*—William H. Patrick, Lexington Park; *Vice-President*—Robert T. Fuchs, Leonardtown; *Secretary-Treasurer*—Philip J. Bean, Great Mills; *Delegate*—Leon W. Berube, Mechanicsville; *Alternate Delegate*—Michael Barbarich, Leonardtown; *Planning Committee, Representative*—Julian S. Lane, Lexington Park; **Planning Committee, Alternate Representative*—; *Journal Representative*—David L. Mossman, Mechanicsville; *Meetings*—2nd Wednesday of each month.

* Information not received from Component Medical Society.

SOMERSET COUNTY. *President*—C. G. Rawley, Crisfield; *Vice-President*—A. N. Barr, Crisfield; *Secretary-Treasurer*—Robert H. Johnson, Princess Anne; *Delegate*—George C. Coulbourn, Marion Station; *Alternate Delegate*—C. G. Rawley, Crisfield; *Planning Committee, Representative*—A. N. Barr, Crisfield; **Planning Committee, Alternate Representative*—; *Journal Representative*—A. N. Barr, Crisfield; *Meetings*—On Call.

TALBOT COUNTY. *President*—A. B. Cecil, Jr., Easton; *Vice-President (1st)*—John S. Green, III, Easton; *Vice-President (2nd)*—Guy M. Reeser, Jr., Tilghman's Island; *Secretary-Treasurer*—Louis S. Welty, Easton; *Delegate*—Thurston Harrison, Easton; *Alternate Delegate*—James H. P. Garnett, Easton; *Planning Committee, Representative*—Thurston Harrison, Easton; **Planning Committee, Alternate Representative*—; *Journal Representative*—John N. Robinson, Easton; *Meetings*—December and on call.

WASHINGTON COUNTY. *President*—John A. Moran, Hagerstown; *Vice-President*—William T. Layman, Hagerstown; *Secretary-Treasurer*—Ernest F. Poole, Hagerstown; *Delegates*—Edward W. Ditto, III, Hagerstown, Richard A. Young, Hagerstown; *Alternate Delegates*—Archie R. Cohen, Clearspring, Frank E. Brumback, Hagerstown; *Scientific & Business Year*—November to November; *Financial Fiscal Year*—January 1, to December 31; *Planning Committee, Representative*—William T. Layman, Hagerstown; *Planning Committee, Alternate Representative*—; *Journal Representative*—Archie R. Cohen, Clearspring; *Board of Censors*—(1) Royal A. Bell, Hagerstown; (2) John J. Dobbie, Hagerstown; (3) Bender B. Kneisley, Hagerstown; *Meetings*—(Six per year) January-March-May-July-September-November.

WICOMICO COUNTY. *President*—Hunter R. Mann Jr., Salisbury; *Vice-President*—Theodore S. Smith, Salisbury; *Secretary-Treasurer*—James Patrick Gallaher, Salisbury; *Delegate*—Osborne D. Christensen, Salisbury; *Alternate Delegate*—Henry A. Briele, Salisbury; *Planning Committee, Representative*—Philip A. Insley, Salisbury; *Planning Committee, Alternate Representative*—John M. Bloxom, III, Salisbury; *Journal Representative*—Raymond M. Yow, Salisbury; *Meetings*—2nd Monday of Each Month at 8:30 P.M.

WORCESTER COUNTY. *President*—Norman E. Sartorius, Jr., Pocomoke City; *Vice-President*—Robert A. Grubb, Berlin; *Secretary-Treasurer*—Clifford E. Schott, Berlin; *Delegate*—Robert C. LaMar, Snow Hill; *Alternate Delegate*—Nathanael R. Thomas, Ocean City;

Censors:	Term Expires
Clifford E. Schott, Berlin	1959
Francis J. Townsend, Ocean City	1960
Nathanael R. Thomas, Ocean City	1961

Planning Committee, Representative—Nathanael R. Thomas, Ocean City; *Planning Committee, Alternate Representative*—Clifford E. Schott, Berlin; *Journal Representative*—Clifford E. Schott, Berlin; *Meetings*—Four times a year.

*HONOR ROLL*

The following Component Societies rated 100 per cent, as all members paid their dues and assessments on or prior to January 31, 1959:

Calvert County	Kent County
Caroline County	Queen Anne's County
Carroll County	Somerset County
Charles County	Talbot County
Harford County	Worcester County



COMPLETION OF 1959 TRANSACTIONS
